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ABSTRACT

The conference report contains the keynote address and presentation summaries of a June, 1979, conference on the identification, counseling, and training of disabled Hispanic Americans. The conference was sponsored by Partners of the Americas and the Illinois Division of Vocational Rehabilitation and included administrators, professionals, and citizen advocates from vocational rehabilitation, special education, and related fields from the nine states with the largest Hispanic populations and from Puerto Rico. The keynote address by G. Olivarez, Director of the Community Services Administration, stresses the value of coalitions of community based Hispanic and disability related organizations. Presentation summaries are organized into the following categories: outreach, psychological evaluation/diagnosis, rehabilitation counseling plan development, training/placement, and international resources. Among conclusions of the conference are the following: Hispanics are underrepresented among recipients of vocational rehabilitation services; programs that have been successful with Hispanics have done so through unconventional means through outreach to communities and families in a personal way; and psychological tests and other evaluation tools for the assessment of Hispanic persons remain generally inadequate. Results of the conference included the establishment of a task force to examine and lobby for the needs of disabled Hispanic Americans. Appended are the conference agenda and list of participants. Also appended is a report on data relating to disability among Hispanics including education, health, employment, income, special education, and vocational rehabilitation data. (DB)

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ON BEING HISPANIC AND DISABLED:

THE SPECIAL CHALLENGE OF AN UNDERSERVED POPULATION

Report of a Conference

June 13-15, 1979

Chicago, Illinois

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Editors

Gregory Dixon
Catherine Bridges

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Dear Reader:

The Hispanic disabled individual has long been further handicapped in the pursuit of educational and rehabilitational services by language, cultural and attitudinal barriers. Consequently, the present model of education and rehabilitation must be reshaped to provide quality services to our Hispanic disabled population, an important sub-group of what is fast becoming the largest ethnic minority in the United States.

During June 1979, a National Conference on being Hispanic and Disabled was held in Chicago to link professionals and share educational and rehabilitational resources. Since the group discovered that services are fragmented and isolated, a National Task Force was developed to coordinate a national effort.

The conference report is provided in the hope that it will begin sensitizing education and rehabilitation professionals to the programmatic needs of Hispanic disabled individuals. Little is offered in the way of formal recommendations, since we are just beginning to organize our efforts. Our goal is to develop alternative service models for implementation in those states with a significant Hispanic disabled population.

The Task Force proudly endorses this report as a starting point in providing quality services to Hispanic disabled individuals.

National Task Force on Being
Hispanic and Disabled

Hiram Zayas
Chairman
Unique Populations Coordinator
Illinois Department of Rehabilitation Services

MEMBERS

- *Mr. Florentino Castellon*
  Farm Labor Coordinator
  Department of Rehabilitation
  California
- *Ms. Nora Brusuelas*
  Affirmative Action Specialist
  University of California
  Berkeley, California
- *Dr. Arthur Lynsky*
  Department of Special Education
  Pan American University
  Edinburg, Texas
- *Mr. Miguel Munoz*
  Vocational Rehabilitation Counselor
  State Education Department
  New York, New York
- *Mr. Anibal Mejia*
  Executive Director, SEABHS
  Nogales, Arizona
- *Mr. Ronald Sanchez*
  Student & Consumer
  School of Social Work
  Arizona State Univereity
- *Mr. Art Zamora*
  Training Specialist - H.E.W.
  Denver, Colorado
- *Mrs. Delia V. Vorhauer*
  504 Coordinator
  Department of Education
  Lansing, Michigan
- *Mr. Gregory L. Dixon*
  Director
  Partners Rehabilitation Education Program
  Washington, D.C.
- *Ms. Catherine Bridges*
  Assistant Director
  Partners Rehabilitation Education Program
  Washington, D.C.

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Partners of the Americas, in cooperation with the Illinois Division of Vocational Rehabilitation, was proud to co-sponsor the conference, "On Being Hispanic and Disabled: The Special Challenge of an Underserved Population," in Chicago, June 13-15, 1979.

The Rehabilitation Services Administration*, which has supported Partners' international exchange efforts for some time, endorsed conference planning -- which began in January 1978 -- and provided the majority of funding through grant No. 22-P-59068 to Partners. Nearly every state agency contacted agreed to support the participation of their representatives, and many of these agency staff members offered input into planning the conference agenda and contributing to its content. In addition, Sears, Roebuck and Company offered to cover additional conference costs and the entire cost of publishing this report. We are especially grateful for Sears' funding of this publication, which makes it possible to share the conference proceedings with a wider audience.

The introductory sections and presentation summaries were prepared by Catherine Bridges, Assistant Director of Partners' Rehabilitation Education Program (PREP).

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*The RSA has been reorganized into two agencies: the National Institute on Handicapped Research and the RSA. The National Institute now funds Partners of the Americas.

Preface

The United States has the fifth largest Spanish-speaking population in the world, superceded only by Argentina, Colombia, Mexico, and Spain. Current estimates place the U.S. Hispanic population between 16 and 21 million. At current growth rates, Hispanics will outnumber Blacks as the largest U.S. minority group by the year 2000. Yet, in spite of their great numbers, Hispanic-Americans appear to be seriously under-represented in, and underserved by, most rehabilitation services. (See Appendix C.)

Partners of the Americas became acutely aware of this void while sponsoring the interchange of private volunteer professionals in a number of fields. The Partners Rehabilitation Education Program (PREP) is an extensive private effort addressing the needs of disabled people and the prevention of disabilities throughout the Americas. It uses a hemisphere-wide network of people, institutions and resources which are linked together through the Partners of the Americas program. Volunteer professionals carry out programs in rehabilitation, special education, mental health and drug abuse prevention. Outstanding Hispanic individuals have served in Partners projects from time to time, and some remarkable programs for Hispanics have been located, but these have generally been isolated cases practically unknown outside their local communities.

Why is this so? Why are Hispanics so under-represented in existing V-R programs? What can be done to interest Hispanic-American rehabilitation professionals in developing a network for themselves? How can greater members of Hispanics be interested in participating in and benefitting from Partners international programs? These are some of the questions we hoped this conference might answer.

Participants in the meeting were selected from the nine states with the largest Hispanic populations and from Puerto Rico. (The states were California, Texas, New York, Florida, Illinois, New Mexico, Arizona, Colorado, and Michigan). The invitees from each state included administrators, professionals, and citizen advocates from vocational rehabilitation, special education, and related fields concerned with the identification, counseling, and training of disabled Hispanic-Americans.

The expectations of the conference planners were:

1. That by bringing together a cross-section of persons most knowledgeable about the needs of and resources for disabled Hispanic-Americans, experiences and knowledge could be shared, consensus on a national perspective could be reached, and recommendations for improved services at local, state, and national levels could be made.
2. Partners would have the opportunity to inform bilingual/bicultural professionals about benefits to be given and gained from further contact with their Latin American counterparts; thus encouraging further participation in state Partners Chapters.

Partners of the Americas and the Illinois Division of Vocational Rehabilitation were proud to co-sponsor this meeting. Valuable information and ideas were exchanged between dedicated professionals from throughout the United States. International input was provided by some U.S. professionals who had worked with Partners previously, and by the participation of Dr. Luis Guillermo Ibarra and Dra. Martha Betancourt of Mexico. We hope that readers will find this report of value and will join with us and all the conference

participants in seeking better means to coordinate and improve services to disabled Hispanic-Americans.

Partners of the Americas
Illinois Division of Vocational
Rehabilitation

KEYNOTE ADDRESS

Graciela (Grace) Olivarez, Director, Community Services Administration

To be Hispanic and disabled is worse than having the proverbial two strikes against you. When a baseball player is in that situation, he knows that at least the other team is still going to pitch to him. Being either Hispanic or handicapped is seen by a great many people -- particularly employers -- as reason enough to ignore the person altogether. With both, you're in double jeopardy.

As we all know, the nation is preoccupied with the gas and oil situation, to the point where it is diverting attention from the issues we are discussing here today. In fact, the energy crisis is sometimes used as an excuse to slow down implementation of 504 Regulations. For example, a university complains that its energy costs have risen so much it can't begin to remove architectural barriers, provide interpreters for deaf students or do other things that would open its campus and curriculum to the handicapped. That may be partly true, but I can't help feeling that if the school needed a new football stadium it would somehow find the necessary funds.

"Too expensive" is a familiar cry to those of us who worked for years to get such simple advances as bilingual street signs, election ballots and Food Stamp brochures. We prevailed because we could prove that "English only" was a violation of our civil rights. And that's exactly what disabled people are saying today. Making facilities available, promoting equal employment opportunities and affirmative action for the handicapped, providing interpreters for the deaf and readers for the blind -- these are not acts of charity in which wealthy patrons reach down to help the poor and neglected. They are simply ways of fulfilling the guarantees of the U.S. Constitution.

Even before the Constitution was drafted, the Declaration of Independence stated that, "all men are created equal, that they are endowed by their Creator with certain inalienable rights, that among these are life, liberty and the pursuit of happiness." But America has not kept faith with that ringing Declaration, either in national policies or in individual actions and attitudes. "Disabled" does not mean "equal," any more than "Hispanic" does.

Viewing the picture in its entirety — as the bureaucrats like to say — Hispanics <u>are</u> doing a bit better than before. Bilingual education and other services for children and adults are not the rarity they once were. And more Hispanic names are appearing on organization charts and employment rosters. But the disabled are still trying to get to square one. Our national traditions, attitudes and policies support an inaccessible environment and a state of forced dependence. Society seems to prefer pouring money into income transfer programs rather than promoting self-reliance for the handicapped. And looking at it from another perspective, our country, with the eager participation of the giant corporations and major institutions, will spend billions developing more efficient ways to kill people in war, and yet scream "too expensive" when it comes to developing ways for disabled persons to take over the support and management of their own lives.

Of course, removing architectural and communication barriers, translating essential information into Spanish, bringing adequate accessible transportation and medical services into rural areas cost money. They are bound to cost money when they are legitimate commitments. The only inexpensive way to address the needs of the handicapped is by tokenism, and tokenism is the one thing the neglected and discriminated against don't want. These expenditures are now required by law, and to postpone them further would be an outrage equal to denying women their right to vote. However, most of our fellow

citizens seem to want to preserve the truth of the old saying, "Everybody's gotta have somebody to look down on." And who better to look down on than someone who can't see your stare, or can't hear your condescension, or can't cross the street to avoid you.

As I see it, the special challenge in the theme of this conference goes out on two levels: To all Americans it says, "What will you do to insure the exercise of full personhood by your neighbors who are Hispanic and disabled?" To which the people answer, "We will give them 504 and the Civil Rights Act." And to the Hispanic disabled it says, "Can you use 504 and other civil rights guarantees as tools to build self-reliance?" I am not disabled, so I cannot speak from their point of view. But I am Hispanic, so I am concerned. And I am Director of a federal agency, the Community Services Administration, which is preparing a very strong set of 504 regulations. Therefore, I will speak to the challenge from those angles.

Dr. Martin Luther King, Jr. once wrote, "Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly." He was writing about the Blacks' struggle for equality, but his statement is applicable to all people who have been denied rights. And it summarizes my position as a Hispanic woman.

The complexity of modern living makes it difficult for any individual — even a member of the able-bodied, white majority — to wage a successful battle against such mammoth foes as injustice, poverty and prejudice. So we must not allow anyone to feel that he or she has to fight alone. I think it's fitting that a conference on this subject should be sponsored by Partners of the Americas, for partnership is the real answer to that special challenge. The civil rights aspect of both Hispanic and disability issues forms the basis for

such cooperation. We have a fine example in Washington, where more than a hundred organizations, representing Hispanics, the handicapped, Blacks, women, labor, churches and many other interests have formed the Leadership Conference on Civil Rights, recognizing that, whatever specific problems each group might have, they all share a need to secure their human rights.

I can see a great deal to be gained through coalitions of community-based Hispanic and disability-related organizations. A program called "Access California," funded by the Community Services Administration and operated jointly by the California Department of Rehabilitation and the State Economic Opportunity Office, has found that a great many disabled Hispanic persons have never been reached by special education or rehabilitation services. They lie hidden away in big-city barrios and isolated rural towns, their mobility limited by stairs and other barriers and their lives protected too well by over-anxious families. Access California finds them through Community Action Agencies that have close working relationships with local Hispanic groups. Once located, the potential clients are brought together with rehabilitation and other needed services. At the same time, their homes can be made more usable by work crews hired and trained by the program. Out of the Access California experience, CSA plans to develop barrier-removal and advocacy strategies that can be duplicated throughout the country. One strategy already well defined is to build outreach capability to special population groups through networks of community-based organizations. I know that, traditionally, rehab agencies and special education programs have depended most on local and state government agencies. But traditional methods <u>can</u> be altered to include new approaches without alienating friends from the past. I submit that coalitions of community-based Hispanic groups, disability organizations,

public and private service and education agencies are the best way to remove the barriers that have made the Hispanic disabled an under-served population.

We must work to produce a world in which communication presents no problem for Hispanics, the blind, the deaf, or the mentally slow, and in which the general environment welcomes rather than impedes mobility. If that sounds utopian, I'm not ashamed of it. Hard economic facts may indicate that such a world is not presently feasible, but I've never been afraid of idealism, I say let's reach for those unreachable stars and try to make our impossible dream come true. Strong coalitions of dedicated partners can make it happen!

PART I. OUTREACH

Based on the principle that approximately 10% of any given population is disabled, the Hispanic-American population appears to be underserved by U.S. vocational rehabilitation agencies. Yet, in some areas, officials declare that additional V-R services for Hispanics are not needed because Hispanics are not using services presently available. However, professionals working in Hispanic communities know that lack of need is clearly not the reason for underutilization of existing services. The causes lie elsewhere, but what are they? How can disabled Hispanic-Americans be identified? Once identified, how can they be encouraged to accept vocational rehabilitation services? Answers to these critical questions are complex but essential if the disabled Hispanic client is to be rehabilitated, enabled to live a full life.

The following six presenters seek to address the complicated subject of Outreach from different angles. Edmund Cortez of the New York Office of Children with Handicapping conditions takes a look at Hispanic children within the public school system. The schools, logically, should be central in the early identification of Hispanic youth in need of special education and vocational rehabilitation services. Mr. Cortez reports that such is not the case, and offers some recommendations. Second, Miguel Munoz from the New York Office of Vocational Rehabilitation examines Outreach and other V-R services available to adults from the same New York Hispanic population that Mr. Cortez discussed. His report, for most conference participants, was depressing and even shocking. But he also identifies some changing trends made possible by renewed commitment from the upper echelons of New York's Office of Vocational Rehabilitation.

Moving on to the Midwest, Gerardo Jimenez discusses the Illinois Division of Vocational Rehabilitation, its commitment to and, sometimes, unconventional methods for reaching disabled Hispanic migrants. Also on a positive note, Dr. Joseph Rice explains how two unique programs known as Minicorps and Medicorps sponsored by the California Department of Migrant Education are also reaching migrant families, identifying individuals in need of special services, and assisting them to receive those services. These two California programs, by recruiting workers from among college-bound students of migrant backgrounds, are also encouraging the development of educational and medical professionals from within migrant ranks, students who have a continued, strong commitment to remain in rural areas after graduation and serve their own ethnic group.

In discussions throughout the conference the necessity of integrating bilingual/bicultural Hispanic professionals into all educational, counseling, and other social service areas could not be overemphasized. Once identified, a client will accept service only if he/she knows there is something of relevance there for him/her. It is the charge, therefore, of Hispanic professionals to make these programs so relevant. But there is an acute shortage of such professionals and present trends in colleges and universities are not changing that situation in spite of legislated affirmative action and equal opportunity programs. Dr. Guadalupe Reyes presents as the fifth segment of Outreach, an examination of higher education for Hispanics: present status and recommendations.

And finally, David Cruz of Puerto Rico takes a look at Outreach on the island where, in contrast to other parts of the United States, the Hispanic population is the majority. In addition to government services, he particularly emphasizes the need for disabled consumer groups to organize for advocacy — protection of their individual rights.

Mr. Hiram Zayas, Coordinator of Unique Populations for Illinois, presented a slide show and audience-participation program that cannot be transferred to the medium of this report. The slide program made very real the difficulties and possibilities of rural outreach for the disabled, as well as some of the daily obstacles with which the disabled and those around them must learn to cope.

I. CLIENT IDENTIFICATION AND PLANNING
Summary of presentation by Edmund Cortez, Regional Associate, Office for the Education of Children with Handicapping Conditions, New York City.

The concept of vocational rehabilitation outreach through the schools, though sound, is in fact a long way from being realized for the disabled Hispanic-American client. One would expect that potential V-R clients would initially be identified by bilingual special education programs. However, the process is difficult and inconsistently realized. Clients are frequently identified incorrectly and placed in inappropriate programs.

Hispanic children, for example, are over-represented in programs for the mentally and emotionally handicapped. More than 50% of deaf children in New York public schools are Hispanic, and public schools for the language impaired are equally overpopulated with Hispanics in a manner inconsistent with overall population statistics. Minority children make up 98% of the student population in public school classes for the emotionally handicapped, while the number drops to only 12% in private schools. In addition, minority handicapped children are often placed in "life-readying" types of programs rather than the more academically demanding college preparatory programs. Thus, Outreach, if it is to begin in the schools, has a long and arduous road ahead.

Why is it so difficult to identify and serve disabled Hispanic children correctly? Four factors are at work:

1. There is a critical lack of communication with parents that professionals often attribute to the parents' minimal command of English.
2. Professionals say they lack the bicultural skills and teaching materials necessary to instruct Hispanic handicapped students adequately.

3. Past educational policies and practices have resulted in segregated programs for minority and non-minority handicapped children.

4. The children's social and economic backgrounds are unfamiliar to the majority of school personnel.

To counteract the misplacement and inappropriate education of all children, P.L. 94-142 requires that parents be involved in the evaluation and school placement of their children. But this law has not had the desired impact on the Hispanic parent and child. P.L. 94-142 was written to protect all handicapped children. When the law is not implemented correctly, a parent who is not educated, articulate in English, assertive or financially secure will probably not take advantage of legal counsel.

In a study of Hispanic families with deaf children (see the presentation by Dr. Alan Lerman in Part 3 of this report) it was discovered that the child typically comes from a one-parent home where the single parent does not speak English, often has no telephone, does not respond to written materials from the school, and due to unsafe streets and lack of transportation feels inhibited from visiting the school. Even if a Hispanic parent does overcome enough of these obstacles to visit a school, he/she usually finds a lack of bilingual personnel with whom to communicate.

Thus begins the definition of the problem of an "underserved population." To begin to resolve it in some reasonable way, the following four steps are recommended:

1. Accurate information on Hispanic disabled children must be obtained. The first step is to find children in the school who are from bilingual backgrounds and evaluate their needs

through testing procedures. Appropriate services can be delivered only when we know who and how many can be targeted.

2. Parents must be included in the evaluation and placement of their children.
3. In-service training must be given to teachers, psychologists, administrators, and other school personnel in how to use teaching and evaluation skills appropriately in response to bicultural needs, rather than allowing issues of language and cultural diversity to determine the child's classification.
4. Identify and monitor programs in which minority and non-minority students appear to be segregated.

Including parents in the evaluation and placement of their children is the single most important factor in improving Outreach. But, unfortunately, due to protective cultural attitudes and a long history of insensitivity from the majority population, it will take a long time to achieve significant, direct parent participation in the schools. Therefore, appropriate alternatives must be sought and used.

Hispanic communities generally contain tight, supportive personal networks. The central figures in the community -- heads of local churches, businessmen, civic group leaders or others -- know their neighbors, know their problems and their strengths. These individuals should be utilized as the community resources they truly are by schools and other institutions. If community leaders are informed of services potentially beneficial to the neighborhood, they will pass that message along in their own ways. It is important not to identify them so closely with any one institution that an already exploited community becomes suspicious of their loyalties.

These community resource persons can also assist in establishing community advocacy groups for parents, as a second Outreach support. Together the parents should feel stronger, more assertive and more able to enroll their children in special education programs.

Third, to meet the problem of parent outreach from another angle, funds should be made available to train bilingual/bicultural persons in the professions serving disabled Hispanic children. Parents must have someone they know they can work with.

If a concentrated effort is made in all these areas, we may say in the not too distant future that disabled Hispanics are, at last, "appropriately served."

II. NEW YORK CITY: PROBLEMS AND PROSPECTS
Excerpt from presentation by Miguel Munoz, Rehabilitation Counselor, Office of Vocational Rehabilitation, New York City.

Outreach by the New York City Office of Vocational Rehabilitation has generally been an ignored activity, not because of a shortage of potential clients, but due to a lack of services appropriate to Hispanics. Within the past year, however, Deputy Commissioner Basil Scott has made efforts to create a Bilingual Unit. It will, nevertheless, require concerted, dedicated, long-term programs to correct the existing inequity.

In its October, 1978 edition, Time Magazine published an article entitled: Hispanic Americans: Soon the Biggest Minority, stating that there are an estimated 2.6 million Hispanic Americans living in New York City alone. Breaking that figure into national groups the article declares that there are 400,000 Dominicans, 220,000 Cubans, 200,000 Colombians, 170,000 Equadorians, 150,000 Peruvians and 1.3 million Puerto Ricans. Some census experts believe that 2.6 million is a very conservative number since it does not include the thousands of illegal aliens living in the City's Latin enclaves.

These statistics refer to New York City alone and do not include persons from other Central and South American countries as well as Spain. There are also large groups of Hispanics in other parts of New York State: an estimated 90,000 Hispanics in Suffolk County racing problems similar to those of their counterparts in New York City, and large concentrations of Hispanics in Buffalo, Rochester, Syracuse and Yonkers.

The common denominator of these Hispanic groups is dire poverty with all that it entails: poor housing, malnutrition, ill health, inadequate medical services, inadequate social services, inadequate educational programs, etc.

In general, the profile of the New York City Hispanic American Community is bleak. But that profile is not nearly as devastating as the profile presented in a research study conducted by Sociologist Dr. Jose Alers, and published under the auspices of Fordham University, Hispanic Research Center. The title is: Puerto Ricans and Health: Findings from New York City. I cite this research study to give you an idea of the potential for V-R services that exists within the New York City Hispanic population. Although this research study focuses on Puerto Ricans, what is true for Puerto Ricans may also apply to other Hispanics in New York City. Mr. Jose Monserrat, former President of the New York Board of Education reacting to the health picture this research study presents, calls it shocking and frightening. He says, "It made me break out into a cold sweat. It should make everyone angry and determined to take action."

Some of the findings summarized by Mr. Monserrat are as follows:

- Accidents are the leading cause of death for all children. But for Puerto Rican infants and children the death rate due to accidents is twice as high as that of other children: 79.5% of Puerto Ricans compared to 55.5% of others.
- Puerto Rican children in this age of vaccination and antibiotics die from influenza and pneumonia at a rate of almost two to one as compared with other children.
- Homicide is the fifth ranked cause of death for Puerto Rican children. Puerto Rican children are slain at a rate two-and-one-half times greater than that of other children.

If the profile is horrendous for children, it is even worse for adults 15 years of age or above. This is the group from which one receives referrals to O.V.R.

- Homicide is the major cause of death for 15 to 44 year old Puerto Ricans. This is more than double the rate for the total population. Almost 20% of Puerto Ricans in New York City die because they are slain.
- Drug addiction, very high among our young people, is the second highest cause of death. Cirrhosis of the liver resulting from alcoholism is the third cause of death.
- Puerto Ricans have the highest rate of admission to mental institutions as compared to other groups.

The picture is also grim in terms of mental retardation, psychophysiologic disorders, respiratory disorders, speech disturbances, and other medical conditions that are vocationally handicapping and fall within the province of O.V.R. and other rehabilitation programs.

The health facilities most utilized by the Hispanic population and from which O.V.R. receives some of its referrals are the municipal hospitals of New York City. Hispanics most often do not go to private hospitals or physicians because they do not have health insurance plans.

So when the question of how to locate potential Hispanic clients for vocational rehabilitation services is asked, the answer is simple. The Hispanic disabled individual is highly visible. You can locate and speak to him, as I do, in Spanish Harlem, on the streets; or you can ask for referrals from municipal or State hospitals, from community manpower programs, drug rehabilitation centers, outpatients clinics, welfare agencies and schools.

A major source of referral is the client himself. My clients have spread the word to relatives and friends that there is a Spanish-speaking counselor who is able to help persons in need. I receive calls from all parts of New York City from clients who speak little or no English, asking to be put

into rehabilitation programs. I also receive referrals from English-speaking counselors within my own agency who acknowledge serious difficulties in working with Hispanic clients.

But in spite of the large number of disabled individuals in the Hispanic population, work with them is a herculean task. Not because it is difficult to locate them, not because they lack the motivation, but because rehabilitation services appropriate for their special needs are almost non-existent in New York City. Rehabilitation programs and services do abound in New York City, but not for Hispanics.

New York City alone has more than 30 rehabilitation centers from which O.V.R. purchases services for clients. Available services include medical, psychological, psychiatric and vocational evaluations; medical treatment including psychiatric intervention; supportive therapies, skills training and employment programs. Rehabilitation centers, in conjunction with O.V.R. and some State hospitals, offer Institutional Programs for the emotionally disabled person who is in the process of becoming deinstitutionalized. There are Day Centers for the psychiatric out-patient client; developmental programs for the severely disabled client; special projects for the mentally retarded, the recovered alcoholic, the mentally disturbed deaf client. You name the disability and the program is there. Some rehabilitation centers even offer special programs for Russian immigrants.

But there are no rehabilitation programs tailored to meet the specific needs of the majority of Hispanic disabled clients who speak little or no English. In fact, the written policy of at least one of these agencies and the unwritten, but enforced, policy of others is to bar Hispanic disabled clients from rehabilitation programs if they cannot speak English or have limited English-speaking ability.

One reputable agency, I.C.D. Rehabilitation and Research Center, issues literature establishing as one of its eligibility criteria the ability to understand spoken English.

Some O.V.R. counselors complain bitterly that they do not know what to do with their Spanish-speaking clients because there are no programs to send them to. Medical specialists and workshops also complain because their expertise and programs are tailored only for the English-speaking person.

O.V.R. practice is to send Spanish-speaking clients to learn English before referring them to a rehabilitation program. The client is told to reapply for service when he has learned to speak the English language. Imagine the delay that this entails if, in fact, the client ever becomes proficient in English. To make things worse, some of the schools that teach English as a second language have admission criteria that exclude the poorly educated client.

For the Hispanic disabled clientele, therefore, the rehabilitation process is inverted. Instead of programs revolving around the problems and needs of clients, the individual client has to meet the needs of the agency.

Let me give you a glimpse of what happens to Hispanics at O.V.R.

In a City of more than ~~2~~ four million Hispanics, I am the only O.V.R. bilingual Hispanic counselor. Both Blacks and Hispanics are underrepresented at all staff levels. Some English-speaking O.V.R. counselors request their referral sources not to refer non-English-speaking clients for O.V.R. services. Some well meaning English-speaking O.V.R. counselors acknowledge openly that they discourage Hispanics from soliciting rehabilitation services because O.V.R. and the rehabilitation centers O.V.R. uses do not have programs for Hispanics.

Referral sources are therefore hesitant to refer Hispanic clients to O.V.R. because of the lack of appropriate resources and the unwritten unwillingness to deal with this extra problem.

At O.V.R. Central Office and at the Brooklyn Office, Spanish-speaking clients are sent letters asking them to come with interpreters for interviews. It is not uncommon to see a parent bring a nine year old child to serve as an interpreter. This practice of using interpreters for the disabled client is:

1. discriminatory because counseling and other services are not as effective as or equal to those provided for the English-speaking population;
2. an invasion of privacy -- it is difficult to talk about inner feelings in front of a son, relative, friend, neighbor or in a second language;
3. threatening to the Hispanic family structure, since children are forced to assume a dominant role in matters which are universally conceived to be the domain of the parent.

It is not difficult to imagine what happens to Hispanic clients when they enter rehabilitation facilities where the only language spoken is English, or how the motivation of many is destroyed by the fact that they must learn English before they are given the opportunity to learn a skill.

Let me reiterate: In New York City our problem is not how to locate Hispanic clients. These clients are there and will come forward if adequate services are offered. The problem is how to develop services and resources that are meaningful to Hispanics, based on their needs, and available in their own language.

The bright side of all this is that the Commissioner and his staff are moving to remedy this situation. Plans are being developed to employ more

Hispanic counselors, to translate civil service materials into Spanish and to conduct "Hispanic cultural awareness" workshops for non-Hispanic counselors. With their efforts, I feel sure the Hispanic population will have a chance to receive services that are equal or comparable to those given to the non-Hispanic disabled community in New York City.

III. AN OUTREACH REHABILITATION MODEL
Summary of presentation by Gerardo Jimenez, Migrant Project Coordinator, Illinois Division of Vocational Rehabilitation, Rockford, Illinois.

According to a staff joke at Illinois D.V.R., there were no disabled Hispanics in the State before 1972. Until then, there were no appropriate services for them. In 1972, however, a true commitment was made to establish an "outreach rehabilitation model" to reach and serve all Hispanics within the State. Soon disabled Hispanics began to appear.

Within the context of the "outreach rehabilitation model," some basic rehabilitation practices were revolutionized. No longer does the rehabilitation counselor wait for a referral and a client he can fit into a pre-formed mold. Instead, the counselor takes his services out into the community, locates the client and devises an individual program appropriate to the client's needs.

Since much outreach is done in rural areas where migrants live and work, the distances traveled are great. Support systems of medical personnel, vocational training facilities, etc., are few, and individual difficulties requiring extra attention (such as cultural barriers and language problems) are frequent. Therefore, the establishment of a rehabilitation counseling team was critical. This team, made up of a counselor, counselor aide, and secretary, was introduced into two Illinois counties in 1972. With new monies available for migrants from R.S.A. in 1977, three more outreach offices were opened.

From 206 currently-selected cases served by this program, an interesting profile (not unlike that of the New York Puerto Rican poor) can be drawn. The average Hispanic D.V.R. client is 34, with five family members and an income well below the poverty level. He/she has had an average 4.7 years of schooling. Of these 206 persons, 75 have severe and 131 non-severe disabilities.

The disabilities may also be categorized: the most common are back and orthopedic injuries, followed by visual problems most often due to untreated diabetes, and mental disorders. Bilingual mental health personnel are rare in the State and the mental health facilities tend to have D.V.R.'s pre-1972 attitude that bilingual services aren't needed because Hispanics don't use presently available facilities.

The migrant Hispanic faces continual deterrants to receiving social or health services:

1. Poor communication
2. Limited education
3. Lower income
4. Depressed social status
5. Deteriorating housing
6. Minimal political influence
7. Rural agrarian traditions that are ineffective in industrialized and urban settings
8. Difficult acculturation in a hostile society.

The outreach rehabilitation team can help clients overcome these obstacles. Each team member (counselor, aide, and secretary) is bicultural/bilingual. They can facilitate the client's communication and raise his self-esteem. With the emotional support and acceptance of a community advisory council within the migrant community the team can go far in encouraging the client to realize his full potential.

However, the importance of support from the larger community cannot be overstressed. Simply identifying needs is counterproductive unless there are services within the community to meet those needs. Fortunately, in Illinois, through the dedicated commitment of D.V.R. and its contracting agencies,

services are being made available and expanded. Special credit goes to the teams working within this model who work long and flexible hours to assist clients with their needs and to develop broad community awareness and resources.

Though there is still much to be done, I believe that the "outreach rehabilitation model" could have a positive effect in a variety of Hispanic settings throughout the nation.

For further information contact:

Mr. Gerardo Jimenez
Migrant Project Coordinator
Division of Vocational Rehabilitation
3809 E. State St. - Suite 9
Rockford, Illinois 61108

IV. CALIFORNIA MINICORPS AND MEDICORPS
Summary of presentation by Joseph Rice, Associate Director, California Minicorps/Medicorps, Sacramento, Calfornia.

The California Minicorps and Medicorps programs are, like the rehabilitation outreach model discussed by Mr. Jimenez, solution oriented. Sponsored by the State's Department of Migrant Education, these two programs, through the recruitment of college students who themselves come from migrant backgrounds, seek to achieve the following two objectives:

1. Provide health and education services to migrant families;
2. Provide a pool of educated Hispanics from migrant backgrounds who will stay in rural health and rural education activity.

In November 1978, the Minicorps program was approved by HEW as an exemplary program for national dissemination. Based on 12 years of Minicorps experience and 4 years of Medicorps experience, convincing evidence was assembled that the programs are meeting the above two objectives.

Minicorps/Medicorps are not professionally-oriented programs. They use college and graduate students in people-to-people programs in the more than 20 federally-funded migrant camps throughout California. Begun in 1967, the heyday of the Peace Corps, the students named themselves Mini-Corps, perceiving themselves to be a kind of domestic Peace Corps.

Since 1967, approximately 1,200 young persons have passed through Minicorps teacher education programs and 73% are now in teaching posts using the bilingual mode. For a control group that figure would be 55%.

This program motivates people to continue to serve in their home communities after receiving professional training. It should be replicable in many professions throughout the United States and in Latin America as well.

An effective program requires three institutional elements:

1. A university that trains teachers or health workers;

2. A management system (in this case Mini or Medicorps);

3. A delivery system (health and welfare agency, school, etc.).

The unique contribution of Minicorps/Medicorps is its recruitment system, a procedure that has worked for 12 years with a drop-out rate of less than 5%. Students recruit students. Through personal interviews, the students within the program recruit new participants. Without testing or other formal instruments they seem to recognize the innate qualities necessary in a good corps worker. Their decisions are accepted and have never been vetoed by the program's staff.

The Minicorps program is for student teachers and others preparing for careers in the education field. The newer program, Medicorps, is for students in health related professions. Goals of both programs are similar, but for the sake of simplicity we'll now look at the one program, Medicorps, in greater depth.

First, a finely-tuned consortium of supervisory medical or health personnel (generally MPHs or graduate medical students) are selected by the staff and given some inservice training regarding Medicorps. In the older Minicorps many of these individuals are Minicorps graduates and this is coming to be the case with Medicorps too as its graduates increase. These "team leaders" as they are called are each placed in charge of 12 to 15 students. Under their supervision, the Medicorps students learn about such topics as adult medicine, family planning, the Migrant Record Transfer System, Curandismo, health screening, lab procedures, mental health, nutrition, pre/post natal care, and pediatrics.

Then, in a migrant camp setting, the students provide the following three types of service in approximately equal time shares:

1. Medical Assisting Services. This includes health screening for children and adults and casefinding including identification of handicapping conditions. Many individuals suffering from sensory disabilities such as deafness and partial blindness have been discovered.
2. Social Services. As a matter of pride and a complex of other factors, migrant parents tend not to use social service agencies. Handicapped children are generally sent back to a relative in Mexico or some other location. The Medicorps student can advise the parent of special programs nearby, assist in enrolling the child, etc. The student can advise of other appropriate programs, as well. In times of labor unrest and work shortages, provision of employment services for the adults becomes especially important.
3. Health Education or Preventive Medicine. Special curriculums have been developed in Spanish for the students to present. Subjects include pesticides, general hygiene, simple contagious diseases, and preventive dentistry, to name a few.

The students, as stated earlier, are the strength of the program. They work long hours, having contact with the migrant children during the day, but generally are able to visit with the parents only when they have returned from the fields in the evenings. Students are paid full stipends during the summers and half-stipends throughout the school year to assist them with their educational expenses. Further, the Minicorps/Medicorps office provides counseling and assistance to these students in locating loans and other educational

assistance. In the course of an average year, at present spending levels, 450-500 students are involved with the Minicorps program and approximately 150 students participate in Medicorps.

In the past several years, the staff has developed a set of instruments which have been found efficient in assessing work performed by the students. The "completion index" is crucial. Agreeing with Mr. Jimenez' statement in the previous presentation that casefinding or identification alone is not enough, Minicorps/Medicorps emphasizes "What is done about it?"

Minicorps/Medicorps is a program that is beginning to "catch on." A number of states have inquired about it, but only one so far, Washington, has implemented a similar program of its own.

For further information contact:

Joseph P. Rice, Ph.D.
Associate Director
California Mini-Corps
1919 21st St. - Room 203
Sacramento, California 95814

V. UNMET PROMISES: EDUCATIONAL EQUALITY AND ACCESS FOR HISPANICS
Paper presented by Guadalupe Reyes, Assistant Dean of Continuing Education and Community Services, Blackhawk College, Moline, Illinois.

Those who have helped engineer Proposition 13 and the defeat of funding referenda, charged reverse discrimination, and demanded the maintenance of more traditional standards in education, may have unknowingly retarded the progress made by minority groups in the late 60's and early 70's in improving their access to learning. The attainment of educational equality and unlimited access to educational programs by these disenfranchised groups is increasingly threatened.

With their characteristic differences in language, culture, and values, Hispanics (the second largest minority in the U.S.) pose great challenges to policy-makers who commit themselves to resolving this group's complex problems in reaching equity.

In order to provide effective programs that encourage equal opportunity for full intellectual development and stimulate improvements in living conditions, policy-makers must begin to recognize the characteristics of the Hispanic and the conditions that now impede their achievement of equity.

The following characteristics and conditions (among others) must be considered:

General Characteristics

- Research has shown that Hispanics function differently from Anglos in the way they communicate, relate to others, seek support, acceptance and recognition, and learn.
- Anglo values of time, change, success, efficiency, education, and modes of communication have not been fully accepted by the Hispanic.

- The Hispanic finds himself/herself at cultural extremes with the Anglo when comparing the values of traditionalism, familism, paternalism, personalism, dramatism, and fatalism.
- Although the Census Bureau admits to historical problems of undercounting U.S. Hispanics by more than 7 million, in 1978 it reported a total of 12 million Hispanics; with 7.2 million persons of Mexican, 1.8 of Puerto Rican, 700,000 of Cuban, and 2.4 million of other Hispanic origin.
- Seventy-five percent (75%) of all Hispanics are native born.
- The Spanish language is currently spoken in 84% of all Hispanic households.
- Only 37.8% of all Hispanics are registered to vote and one-third of those actually vote in major elections.

Employment and Economic Conditions

- Unemployment rates remain higher for Hispanics than for the total population (8.9 percent vs. 5.8 percent in May 1979.)
- Thirty percent of all Hispanics find themselves below the poverty levels of income.
- Almost 20 percent of all employed Hispanics are found in the ten lowest-paying occupations; while only 10 percent of all others are represented in these occupations.
- Only 3.4 percent of all federal jobs are held by Hispanics and 17 percent of those are in mid- to senior-level positions.

Conditions in Education

- The average Hispanic has completed 7.1 years of schooling as compared to the Black's 9.0 years and the Anglo's 12.1 years.
- Hispanics have a school drop-out rate of 65-90 percent.

- Only 40 percent of all Hispanics have completed high school as compared to 46 percent for Blacks and 67 percent for Anglos.
- For all minority groups enrolled at the community college level, only one in nine returns after the first year.
- At graduate and professional schools, only 63 percent of all enrollments are Hispanic.
- Of the 37,931 administrators listed in the 1974-75 Directory of Higher Education, two hundred and seven or 5 percent were Spanish-surnamed. Of all full-time faculty, 1.4 percent were Hispanic.
- There are only five small Hispanic colleges as compared to 120 Black colleges and universities.

(The source of the foregoing statistics is the National Center for Education Statistics and the U.S. Census Bureau.)

Recommendations for Educational Equality and Access

1. This author agrees with others like K. Patricia Cross* that learners can enter college with differences, proceed through college in varied ways, and leave college with different competencies. Access to programs by all groups will encourage alternative and acceptable outcomes for education.
2. If John E. Roueche** is correct that 20-35 percent of all students entering community colleges are functionally illiterate, remedial/developmental courses should be required, should apply toward a certificate and degree completion, and should qualify a student for financial assistance.

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*Research Educator, Center for Research and Development in Higher Education, University of California-Berkeley, Berkeley, California.

**Director of Program in Community College Education, University of Texas, Austin, Texas.

3. Because of a lack of representation and participation by Hispanics in education, more Hispanic administrators, faculty, recruiters, and counselors who possess both the understanding and the linguistic-cultural abilities needed to communicate effectively with Spanish-speaking students should be hired on all levels.

4. Minority educators have historically been required to give such disproportionate amounts of time and energy to institutional and community advising activities that they have had difficulty meeting requirements for continued employment and professional advancement. These activities must be more equitably shared with other staff or be officially recognized as part of the minority educator's responsibilities.

5. If colleges and universities are to respond to the educational needs of minorities, they must establish effective lines of communication; enlist the advice and support of parents and community groups in developing new programs; establish a continuing assessment of educational needs by going directly to individual communities for information; provide information concerning available national, state and local resources; cooperate with national, state and regional organizations and governmental agencies that are planning and implementing programs that can assist the Spanish-speaking in the solution of educational problems.

6. Educators must keep in mind that Hispanics respond more favorably when motivated to achieve for others rather than for self, when reinforced for cooperation rather than for competition, when encouraged to achieve for the family rather than for independence from the family, and when their instruction is personalized.

7. Instructional staff and administrators must accept that in an effective educational program a) the participants should be involved in the decisions, policies, and implementation of the program from the beginning; b) the content must be relevant to the target population; c) the participants must be given an opportunity to convey their reactions and evaluations of the program; d) the educational system should take steps to incorporate the program as part of its regular service; e) evaluative devices should be utilized to determine the selection of participants; and f) specific behavioral objectives must be detailed.

8. Be wary of admissions standards and policies that have been designed by the middle-class Anglo to exclude participation by the less academically prepared who operates with an "external" locus of control.

9. Fears of stimulating the growth of "lower-higher education," and of developing new programs for the underserved in an era of limited resources, must be overcome in order to develop meaningful, transitional programs from basic education to the commonly recognized "legitimate" academic and career programs.

10. With 77 percent of all federal financial aid going to four-year colleges when the majority (75 percent) of Hispanic enrollments are at two-year colleges, there appears to be a need for greater assistance to the shorter programs in order to ensure continued student participation and institutional incentives for the development of new programs.

ATTACHMENT

1976 Earned Degrees Conferred

	Baccalaureate	Masters	Doctorate
Education	156,528	128,410	7,769
Health Professions	54,339	12,696	577
Social Sciences	127,936	15,902	4,160

SOURCE: National Center for Education Statistics

Medical School Enrollments

FY 1970 - Total Enrollment for All Groups - 36,000

Black	Mexican American	Puerto Rican	American Indian
2.8% (1042)	0.2% (92)	<0.1% (26)	<0.1% (18)

FY 1976 Total Enrollment for All Groups - 59,800

Black	Mexican American	Puerto Rican	American Indian
6% (3,587)	1.4% (831)	0.4% (261)	0.3% (201)

NOTE: In 1975 the percentage of enrollments by minorities dropped from 10% to 9% when overall medical school enrollments climbed more than 12%.

SOURCE: Association of American Medical Colleges

Freshman Enrollments-Fall 1976 (Male/Female)

Racial Background	All	All 2-year	All 4-year	All Universities
White/Caucasian	87.1/85.2	86.2/84.3	85.5/84.1	91.4/89.0
Black/Negro/Afro Am.	7.3/9.6	5.9/7.7	10.6/12.5	5.5/8.4
American Indian	1.0/0.9	0.9/0.8	1.3/1.2	0.7/0.6
Oriental	2.2/1.9	3.3/2.9	1.1/0.9	1.5/1.4
Mex. Amer/Chicano	1.6/1.7	2.7/3.1	1.0/0.8	0.4/0.4
Puerto Rican Amer.	0.6/0.5	0.6/0.4	0.7/0.6	0.3/0.3
Other	1.9/1.7	2.3/2.2	1.6/1.4	1.4/1.0

SOURCE: The American Freshman: National Norms for Fall 1976; Astin, King, and Richardson; American Council on Education; University of California, Los Angeles.

VI. OUTREACH PROBLEMS IN PUERTO RICO

Summary of presentation by David Cruz, Director, Governor's Office of the Handicapped, San Juan, Puerto Rico.

It is sometimes overlooked that many of the problems faced by disabled Hispanics within the continental U.S. are different in one fundamental aspect from those in Puerto Rico: Hispanics are not the minority population, they are the majority. Therefore, all services, materials, and films are in Spanish. And Puerto Rico, through the Governor's office and other agencies, is ready to offer technical assistance in these areas to anyone who requests it. This could include exchange programs of teachers, counselors, and other professionals to better sensitize them to a Latin culture. Such an exchange could be mutually beneficial because Puerto Rico is now experiencing an influx of neo-Puerto Ricans (persons born in the U.S. but of Puerto Rican heritage) who speak little Spanish and are now experiencing difficulty integrating into the Puerto Rican community.

Despite the commonality of language and culture, and the absence of social injustice and alienation, Outreach programs in Puerto Rico face other difficulties.

First, Hispanic families tend to overprotect and paternalize their disabled. Even if a disabled individual wants to learn to be independent and self-sufficient, he is seldom allowed to do so.

Second, disabled Hispanics generally view themselves in a negative fashion. They do not believe themselves capable of an independent and meaningful life. In many areas, superstitions persist that disability is a punishment for some unnamed wrong.

Therefore, within Hispanic communities throughout the country a continuing battle lies ahead for attitude change. The disabled Hispanic, as a

consumer, must begin to stand up, fight for his/her own rights and be self-sufficient. Public officials and agency personnel should, as a priority, do whatever they can to help form consumer groups, and should listen and respond to what the consumers say. In this way, the consumer will no longer have to be sought out and either asked or second-guessed regarding his/her needs. Rather he/she will feel self-confident enough to speak up and demand a fair share.

PART II. PSYCHOLOGICAL EVALUATION/DIAGNOSIS

Psychological evaluation and assessment is critical to proper educational placement of children and vocational rehabilitation planning for adults. Correctly interpreted, test results should tell psychologist, rehabilitation counselor or special education teacher a great deal about an individual's aptitudes and achievements. However, this is often not the case with Hispanic-Americans. Due to language barriers, differing cultural and socio-economic backgrounds, and other factors, Hispanics score consistently lower on tests generally geared to a middle class "Anglo" norm. Several Hispanic educators at the Conference stated that, based on their observations, Hispanics are over-represented in M.R. (Mental Retardation) and M.H. (Mentally Handicapped) classes, over-represented in vocational training for blue-collar jobs, and under-represented in colleges and professional schools.

There is a common concern among professionals that though the tests are often wrong, the scores continue to be used as a rationale for mis-placement of children and adults. What can be done?

It is too easy for those not actually in the field of psychological evaluation and assessment to blame the psychologists, to demand that they create new tests and improve their interpreting skills. But the psychologists (even bilingual/bicultural psychologists) remind us that the problem is not simple. There is no standardized test for Hispanics, nor is there likely to be one. Hispanic-Americans vary considerably in their cultural roots (Cuban, Puerto Rican, Mexican, etc.), in the nature of the areas in which they live (New Jersey, Florida, New Mexico, etc.), in their social status. Even vocabulary varies markedly, requiring regional adjustments in Spanish language tests.

Therefore, the psychologists must use different parts from many tests -- and all their bicultural skills -- in order to know each "whole" client. Only then can results be interpreted in a constructive way. It is also critical that counselors, teachers, parents, and significant others participate in and add to the assessment process. These persons should not simply wait for the answer from the psychologist, but should themselves learn something about the tests, what various interpretations can mean, and how to use them to better understand and work with the individual concerned. The responsibility for being "correct" thus falls on the entire process, rather than just on the particular tests a psychologist will use.

The six presenters in this section 1) discuss present difficulties and policies regarding psychological evaluation and assessment, 2) explain some new instruments and other efforts to meet the present needs, and 3) look at some pilot and experimental projects which may mean a better future in this field. First Dr. John Braccio of Michigan and Ms. Eleanor Nelson of California each take a look at their respective states' present programs as well as immediate and long-range plans for improvement. Then Dr. Rafaela Weffer of De Paul University discusses one relatively new approach called SOMPA and its improved capacity for assessing Hispanic children.

Dr. Robert Rapp of the University of Arizona Rehabilitation Center explains how a vocational evaluation research project at Tucson is adapting the SOMPA model to the evaluation of disabled Hispanic adults. Mr. Ed Stiehl, a counseling psychologist for the Veterans Administration in Puerto Rico, continues with some additional thoughts on the evaluation of Hispanic adults. And finally, Dr. Maria Barreda-Hanson of Illinois summarizes points to consider in the psychological evaluation of any Hispanic, and declares that pure

bilingualism/biculturalism is not in itself the problem. Cultural pluralism has been sustained advantageously for hundreds of years in Europe; perhaps, as we seek to correct social injustices, we should seek to emulate an older civilization than our own.

I. P.L. 94-142: PROBLEMS WITH IMPLEMENTATION
Summary of presentation by John Braccio, Supervisor, Compliance and Approval Program, State Department of Special Education, Lansing, Michigan.

While P.L. 94-142 of the Education for the Handicapped Act sets a good standard for evaluating and assessing a child, it will be a long time before states can actually live up to this standard. The law requires 1) that testing be done by a qualified bilingual person in the child's native language, 2) that the test be validated, 3) that the parents be involved, and 4) that the parents and a joint evaluation team reach a decision together regarding placement and the child's individual educational plan.

In most states, compliance founders on the first two requirements. First, there is an incredible shortage of staff. (For example, there are only two bilingual psychologists presently doing assessments for all the State of Michigan.) And second, there are tremendous differences among the various Hispanic groups, which make "validation" of a test almost impossible.

The norms vary greatly. In Michigan, for example, there are three principal Hispanic groups: Mexican-Americans, Puerto Ricans, and Cuban-Americans. Mexican-Americans are numerically dominant, but each group tends to set itself apart. Puerto Ricans and Cubans are generally Spanish language dominant, while for Mexican-Americans, English is the primary language. The Cuban-Americans and Puerto Ricans are relatively new to the State, while most of Mexican-American roots in Michigan go back many years. Cuban-Americans are predominantly middle class in orientation and background, the other groups are of lower socio-economic status.

Recognizing these differences and the basic fallibility of all tests if strictly judged on their own merits, it is essential that bilingual/bicultural

counselors get to know the whole child. But where there is a shortage of such personnel, aides will have to fill the gap.

To make a comprehensive assessment, the evaluator must learn about:

1. Language used in the home.
2. Peer relationships.
3. Sibling relationships.
4. Family status (nuclear, extended, single parent).
5. Socio-economic status.
6. Family mobility.
7. School records.
8. Previous assessment data.
9. General health history (medical developmental).
10. Current health (including vision and hearing).
11. Social interaction skills.

These are the data a good diagnostic team should get on every child. The general lack of specific test validity, as it pertains to Hispanics, puts a greater burden of competence on the part of the psychologist/diagnostic persons doing the assessment, and increases the need for a comprehensive assessment. Only with a comprehensive assessment by competent diagnostic personnel can we make good educational decisions for the Hispanic child.

So while Michigan and other states are trying to meet the excellent standards of P.L. 94-142 with present staff, they are also looking to the training and eventual hiring of increased bilingual professional staff. However, in Michigan at least, that effort is having negative results.

Many Hispanic individuals receiving training seem to come from Latin American countries and often return when trained. Of the seven Hispanic school psychologists in Michigan in 1977 (the majority were foreign born),

only two remain working in that capacity today. Two returned to Latin America, one entered law school, another returned to teaching pre-school and the fifth is in administration. Because of the shortage of Hispanic personnel at all levels, many with professional training are soon promoted or go on for advanced study. So, personnel shortages will continue for some time.

Along with the foreign-born, we should invest more in training Hispanic-Americans who will stay in this country and work in their communities. Universities should seek to establish grants and stipends for this purpose. They should also take a new look at curricula. In many cases, formalized training is too long and includes irrelevancies that discourage minorities from entering the programs.

Despite these barriers and difficulties, Hispanic-Americans must recognize that in order to change a system, one must often do it from within. Greater efforts must be made by Hispanics to encourage their own to enter psychology and other professions.

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Due to its importance to this presentation and to those that follow, an excerpt from P.L. 94-142 regarding evaluation and placement procedures for children was furnished by Dr. Braccio:

Excerpt from Part B of the
Education of the Handicapped Act of P.L. 94-142 of 1977 121A-532

121A.532 Evaluation Procedures.

State and local educational agencies shall insure, at a minimum that:

(A) Tests and other evaluation materials:

(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) Have been validated for the specific purpose for which they are used; and

(3) Are administered by trained personnel in conformance with the instructions provided by the producer;

(B) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;

(C) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure);

(D) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and

(E) The evaluation is made by multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

(F) The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

Comment. Children who have a speech impairment as their primary handicap may not need a complete battery of assessments (e.g., physchological, physical, or adaptive behavior). However, a qualified speech-language pathologist would (1) evaluate each speech impaired child using procedures that are appropriate for the diagnosis and appraisal of speech and language disorders, and (2) where necessary, make referrals for additional assessments needed to make an appropriate placement decision.

121A.533 Placement Procedures.

(A) In interpreting evaluation data and in making placement decisions, each public agency shall:

(1) Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;

(2) Insure that information obtained from all of these sources is documented and carefully considered;

(3) Insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and

(4) Insure that the placement decision is made in conformity with the least restrictive environment rules 121A.550--121A.554.

(B) If a determination is made that a child is handicapped and needs special education and related services, an individualized education program must be developed for the child in accordance with 121A.340--121.349 of Subpart C.

Comment. Paragraph (a) (1) includes a list of examples of sources that may be used by a public agency in making placement decisions. The agency would not have to use all the sources in every instance. The point of the requirement is to insure that more than one source is used in interpreting evaluation data in making placement decisions. For example, while all of the named sources would have to be used for a child whose suspected disability is mental retardation, they would not be necessary for certain other handicapped children, such as a child who has a severe articulation disorder as his primary handicap. For such a child, the speech-language pathologist, in complying with the multisource requirement, might use (1) a standardized test of articulation, and (2) observation of the child's articulation behavior in conversational speech.

II. RECOMMENDATIONS FOR DEVELOPING ASSESSMENT PERSONNEL IN CALIFORNIA
Excerpts from presentation by Eleanor Nelson, Special Education Consultant for the California Department of Education, Sacramento, California.

California wants to meet the standard of P.L. 94-142 as quickly and effectively as possible without creating a new assessment credential.

According to California's Master Plan for Special Education, all E.M.R. classes will be eliminated by the 1981-82 school year. Instead, each previously designated E.M.R. student will be assessed, receive an Individualized Educational Plan with placement in a Learning Handicapped (L.H.) or Regular classroom, and be provided with some individual time with a resource specialist for a portion of the school day.

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Excerpts from "Ad Hoc Committees Report on the Assessment of Limited English Speaking/Non English Speaking (LES/NES) Pupils for Special Education Placement."

by Tony Salamanca and Paul Finkbeiner, Consultants.

"....The Commission authorized staff to form an ad hoc advisory panel to study the problems of assessing and placing LES/NES pupils in Special Education classes. This committee has met four times; the first meeting was to receive input from the field about the severity and nature of the problem, and the final three meetings to consolidate this information and develop the following report.

The Committee's report is presented in five parts:

I. Introduction

II. Statement of the Problem

III. Severity of the Problem

IV. Unique Nature of the Problem

V. Recommendations to Meet the Title V Regulations...

ASSESSMENT OF LES/NES PUPILS FOR SPECIAL EDUCATION

INTRODUCTION

The Commission for Teacher Preparation and Licensing, as a responsible agency in teacher preparation, is examining its role in the implementation of AB 1250, Chapter 127, Statutes of 1977, as they relate to the assessment of LES/NES pupils. It has charged an Advisory Group to review the Limited-English-Speaking, (LES) and Non-English-Speaking (NES) issue with particular attention to the severity of the problem, the nature of the problems, and the specific steps for remediating the problem. This report is the result of that charge.

The report presents the most compelling information on this problem Most of it is indirect evidence; i.e., it is not taken from a poll or survey on the topic. Nevertheless, the ad hoc committee feels that the information is valid, reliable and supports the conclusion that there is a severe problem in Califronia relative to the assessment of LES/NES pupils, at the level of availability of personnel, procedures, and diagnostic instruments. Further, the problem will become

progressively more critical if no direct intervention is taken.

The data used in this report relies almost exclusively on information about LES/NES Hispanic pupils. This should not be misunderstood to mean that this is the only group for whom present assessment practices are a problem. The reason for using Hispanic-pupil data is that it is the most readily available. The relevance of these data to that of other language groups should, in our opinion, be considered on a comparable basis.

II. STATEMENT OF THE PROBLEM

Pupil assessment is both a recommended and widely practiced procedure in the schools of California. It is a required part of the selection and placement of pupils in special programs and is used in periodic or yearly evaluations. It is a procedure employed by special education, resource and program specialists, school psychologists, counselors, and speech and hearing specialists. It involves children from ages 3 to 21 who come from varied racial, ethnic, and economic backgrounds.

It is widely accepted that the most ideal pupil assessment occurs when appropriate instruments and procedures are used by qualified assessors. Instruments should be free of bias and be culturally, racially, and language appropriate to the pupil. The setting should be conducive to maximun

performance, and in the case of limited or non-English speaking pupils, the assessor should be professionaly trained in the relevant discipline (e.g., special education specialist, psychologist, counselor, etc.) and fluent in both English and the language of the pupil. These are ideal goals and epitomize the best in pupil assessment.

In recent years, courts, laws and regulations have consistently ruled in a manner that requires practice to more closely approximate the ideal.....

State law requires that:

> "Procedures and materials for assessment and placement of individuals with exceptional needs shall be selected and administered so as not to be racially, culturally, or sexually discriminatory. No single assessment instrument shall be the sole criterion for assessment and placement shall be in the individual's mode of communication....

III. SEVERITY OF THE PROBLEM

The severity of the problem can best be understood by observing the growing trend of the minority population in California. In 1970 minorities comprised 20.5% of the total population. By 1977 the minority population rose to 31%. The Dimally Report estimates that by 1990, 64% of California's population will be members of minority groups. This significant increase in population is attributable to an estimated

1.2 million undocumented workers in the 1977 figures. Included in these figures, it is projected that the limited and non-English speaking student population to be 400,000 in 1982 and 500,000 in 1990.

Another indication of the problem is the percentage of LES/NES students enrolled in Educable Mentally Retarded classes (EMR). Jane R. Mercer is perhaps the most renown investigator in the area of the over-representation of minority youngsters in classes for the EMR. Her landmark study indicated that Mexican-American children were over-represented in EMR classes three times their expected proportion.

A pertinent theme running throughout most of her findings is the uniquely inappropriate outcomes that occur to Mexican-American children in school assessment, the sort of outcomes best explained by unaccounted language factors.

In the fall of 1966, the California State Department of Education surveyed the counties in California to determine the percentage of Spanish sur-named pupils in relation to their total population in the county. In all 35 counties surveyed, the percentage of Spanish sur-named pupils in Special Education exceeded the percentage of Spanish sur-named pupils in the total county. In 19 counties the percentage of Special Education enrollment doubled the total enrollment for those counties.

Many other studies appeared in the 1960s supporting

Mercer's findings. The greatest impact of these results, however, occurred in court, Diana v. State Board of Education (Peckham, Presiding Judge). This case is the most critical, single piece of litigation on the assessment of LES/NES children.

In 1969, nine Mexican-American children and their parents filed a class action suit against the California State Board of Education. There were thirty-six points made by the plaintiffs in the original complaint. Some of the most relevant points to this issue are the following: the children were predominantly Spanish-speaking; they were tested in English on an IQ test; they had been in EMR classes for three years; their performance IQ's were never below the EMR cut-off though their average IQ was 63.5; the verbally-loaded test results often produced unreasonably low scores (i.e., 30 IQ); the learning experiences and background of the children were not reflected in schooling or tests; the EMR classes in the county and the state were over-represented by Mexican-American youngsters; and the misplacement in EMR classes entailed irreparable harm.

Diana agreement stipulated that:

A) Children must be tested in their own language and in English.

B) They may be tested on non-verbal sections of intelligence tests.

C) Mexican-American children in EMR classes should

be retested and re-evaluated, using non-verbal test sections.

D) School districts throughout the state must submit summaries of the re-testing efforts and their plans for transitional programs for children no longer eligible for EMR programs.

E) A test of IQ that reflects Mexican-American culture would be developed and normed on Mexican-American children.

F) If there is a disparity between the racial-ethnic representation of the district and the EMR classes, to a significant degree, the districts so involved should submit an explanation.

In 1977, the plaintiffs filed a motion to compel the State Department of Education to update its data on the ethnic representation in EMR classes. The latest (1977-78) ethnic survey, mandated by Education Code, indicates that 95 districts out of 1100 are still over-represented with Chicano children in their EMR classes.

The State Board of Education has recently concluded, before returning to Judge Peckham's court, a shift in emphasis on this matter is in order. The process of assessment, rather than the outcome of assessment, will receive the primary focus of attention from here on. The plaintiffs have agreed to this notion....

Based on the review of the literature and the input

received from practitioners, the ad hoc panel believes the new shift to the assessment process is vital. It is the area where the problem lies. A problem that, as the Ethnic Survey indicates, continues to be severe and continues to call for a solution. Districts need personnel, procedures and instruments that are valid and reliable for use with LES/NES children and youth. So long as these are not provided, there will continue to be improper assessment, over and under-representation of LES/NES children in Special Education, and improper documentation of compliance with the due process protections that are the right of LES/NES families.

IV. THE UNIQUE NATURE OF THE PROBLEM

The uniqueness of this problem stems principally from the mandates of federal and state laws in terms of the established procedures which must be adhered to in the assessment of LES/NES pupils. The specificity of the requirements for assessing LES/NES pupils is straightforward. Particularly the expected (assumed) competencies of those doing the assessment. The new Title 5 Regulations governing Special Education come close to mandating certain skills and protections in assessment that, in this committee's opinion, cannot be presently met, given the low numbers of available personnel and the lack of direction on necessary skills/competencies development.

An added dimension to the uniqueness of this problem is the complexities related to language acquisition and

culture test interactions. There is very little done by those engaged in assessment and diagnosis that does not involve some reliance on language. Language is critical in determining a child's educational, intellectual, motivational, emotional, and sociocultural status. Without a clear understanding of the linguistic responses made by a subject, the diagnostician cannot effectively use his/her skills but must instead rely on a translator or a translation. In the context of psychoeducational assessment, where nuance, process and content, singly and interacting, are crucial for determining need and variance-from-the-norm, translation "remedies"are frought with liability, particularly for the child. Translating a test has never been adequate without simultaneously re-standardizing and re-norming. Using translators requires competencies on the part of the translator virtually equal to those of the diagnostician.. Validiy and reliability for both tests and procedures should hold across language differences, otherwise, there is no equality of treatment.

The utilization of assessment instruments that consisted of culture-based factors foreign to the child have been diminished drastically during the 70's. However, those assigned to conduct the assessment still are not required to understand or be knowledgeable about the target child's culture. The new laws are moving beyond the era when a professional had only to be "sensitive" to the culture and language of a child.

These problems are compounded by the lack of appropriate instruments for testing LES/NES pupils and the scarcity of validated studies which can project the rate and degree of second language acquisition by students with a deficit in their native language.

V. RECOMMENDATIONS TO MEET THE TITLE 5 REGULATIONS

The ad hoc committee is aware of the multitude of languages represented in the LES/NES population, the scarcity of bilingual personnel authorized to conduct assessments and the limited availability of trained resource personnel to assist in the assessment process.

Efforts have not been made by this committee to define the phases of the assessment process, the tasks involved and the personnel who should participate in the assessment. With this in mind, the following recommendations are advanced for the Commission's consideration and action. The recommendations are listed in descending order of importance to insure the successful and appropriate services to the special needs of LES/NES pupils. The nature of each recommendation necessitates further input in order to evaluate the possible ramifications and reasonableness for implementation:

It is recommended that provisions be made:

a. To develop a Certificate of Proficiency in Assessment for appropriately licensed or credentialed personnel.

b. To certify those who can demonstrate language proficiency and cultural knowledge in a language other than English and who are appropriately licensed or credentialed to conduct assessments.

c. To revise the appropriate existing credential guidelines to assure the development of competencies necessary to assess LES/NES pupils.

d. Require retraining of the appropriately licensed or credentialed personnel to meet the special needs and protect the rights of LES/NES pupils.

e. To assure the retraining of the appropriately licensed or credentialed personnel on the school appraisal team (SAT) and the Educational Assessment Service (EAS) about the special needs of the LES/NES pupils if the personnel are involved in the appraisal of LES/NES pupils.

f. To develop guidelines for the training of non-certificated interpreters who assist in the assessment of LES/NES pupils.

g. To monitor the competencies required in the present credential programs, which are appropriate to the assessment of LES/NES pupils to assure adequate implementation.

h. To encourage and assist institutions of higher education to develop experimental programs which would train individuals to appropriately assess LES/NES pupils.

STAFF RECOMMENDATION

Staff recognizes that the above report and recommendations need additional refinement in order to be fully implemented. If the Committee accepts the concepts implied in this report, staff recommends that the ad hoc panel be charged the task of developing a plan and timeframe for the implementation of these recommendations. The committee should expect this plan to be ready by the August 1979 Commission meeting....."

III. THE SYSTEM OF MULTICULTURAL PLURALISTIC ASSESSMENT (SOMPA)

Summary of presentation by Rafaela Weffer, De Paul University, Chicago, Illinois.

The System of Multicultural Pluralistic Assessment (SOMPA), was developed by Dr. Jane Mercer of the University of California at Riverside. As previously mentioned in Ms. Nelson's report, Dr. Mercer found in two large Southern California school districts that three times the number of Chicano students were placed in special education classes than were represented in the overall population. Black children were also over-represented. The basis for these placements was the WISC score.

Although Dr. Mercer concluded that the WISC could be used as an effective achievement (rather than intelligence) measure, she found other elements also necessary to assess minority children. These elements were used to develop three new models: a medical model, a social systems model, and a socio-economic status model.

Based upon a formula using the above elements and the WISC, she attained norm scores of about 100 for three separate ethnic groups resident in California: Anglo children, Chicano children, and Black children. And, as a result, the special education classes in these two districts have now achieved parity. SOMPA is based on California norms, but by adapting the formula it could be appropriately transferred to any area of the country.

- The Medical Model seeks to identify neurological problems. Tests include physical dexterity, fine motor sequencing, involuntary movements.
- The Social Systems Model seeks to learn about the child's adaptive behaviors. Much of this is discussed in the parent

interview, which explores how the child relates to family, peers, and neighbors.

- The Socio-economic Status Model involves a socio-cultural scale based on such factors as family income, family size, parents' marital status, degree of family acculturation, etc.

In the past ten years of practice, SOMPA has had valid results and is continuing to be checked for validity. It is an assessment tool that shows great promise and is now gaining wide acceptance.

Like so many other assessment tools, SOMPA is not only of value for the evaluating psychologist. It would be of tremendous help to teachers and parents in understanding and working with their children.

For that reason, the Bureau of Education for the Handicapped is presently funding a special project at DePaul University under the direction of Dr. Weffer. Beginning in Fall 1979, Dr. Weffer will be training certified bilingual teachers in some psychological evaluation techniques, including SOMPA. Dr. Weffer will also provide similar education/training for the children's parents. All children in the program will be followed up for three years. It is hoped that this project will be an important, though small, step toward helping the 80,000 Spanish-speaking students in Chicago where there are only 900 bilingual teachers, only 16 of whom are designated as teachers of special education.

This project hopes to fill some other gaps in research affecting Hispanic children as well. Some studies with Japanese children demonstrated that they may be dyslexic in one language, but not in another. Is this true for Hispanic children? What about auditory discrimination? Are bilingual aphasic children aphasic in both languages or just one?

Dr. Weffer looks forward to working with other specialists in Hispanic learning disabilities both in the U.S. and abroad. She invites questions or materials any readers may have. Write:

Dr. Rafaela Weffer, Director
Bilingual Program
DePaul University
Chicago, Illinois

IV. A MODEL COMPREHENSIVE VOCATIONAL EVALUATION SYSTEM

Summary of presentation by Robert Rapp, Director, University of Arizona Rehabilitation Center, Tucson, Arizona.

In the latter half of 1978 the Arizona Rehabilitation Services Bureau granted discretionary funds to the University of Arizona Rehabilitation Center to develop a Model Comprehensive Vocational Evaluation System specifically designed for the severely disabled and special populations. Special populations included bilingual/bicultural populations and the deaf.

The purpose of this project is threefold:

1. To provide a base for clinical training.
2. To develop vocational evaluation techniques specifically related to special populations.
3. To generate research relating to serving these clients.

The philosophical framework for this project resembles SOMPA, but for adults. Evaluation begins long before the client actually comes to the center and includes the components of the medical model, social systems model, and socio-economic status model.

Evaluation begins at the point the client is referred, and begins wherever he/she might be at that time, whether in a hospital, state institution, or at home. The evaluator seeks to find out what things the individual responds to (both positively and negatively) and how he/she relates to others around him. Behavioral observations are very important.

Following this, there is a "pre-evaluation staffing" at the Center with the rehabilitation counselor, representatives of all agencies involved with the individual, significant others in the individual's life, and, if possible, the individual as well. A tentative plan is determined. Then the individual moves into the center for a battery of tests including: general medical,

vision, hearing, speech, physical therapy, occupational therapy and a nursing evaluation if needed.

Next a number of traditional psychological tests and some not so traditional ones are done to pinpoint neurological damage. When possible, Spanish-language tests are used, or translations are made and adapted.

A vocational evaluation is given, stressing performance. Because the University has the luxury of owning almost every type of vocational evaluation equipment, much cross-testing is done to lower errors and attain the best performance level for the client.

At some point, either prior to the client's move to the Center or during his/her stay, an independant living skills evaluation is made in the client's own home.

These results are then assembled and interpreted with the client at an "interim staffing," followed by situational assessments which are job tryouts and assessments of living arrangements in the community specific to their apparent appropriateness on the basis of the evaluations to that point.

As this is a training, demonstration, and research project, it does not have the time or budgetary constraints that a community evaluation center would have. Evaluations take as long as necessary (often 4-6 weeks) and there is no monthly quota. If at the time of the situational assessment discrepancies between projected performance and actual performance begin to show up, the process starts all over again.

It is hoped that the Project will be able, over the next few years, to develop and package some SOMPA type systems geared to adults. At this point, however, the project has only been functioning for a few months and there are no solid results to report.

There have been a number of problems. A principal one, which has been touched on again and again at this conference, is the lack of trained personnel to administer this type of program. (A unique bilingual/bicultural person of Yaqui Indian descent just left the program and will be extremely difficult to replace.)

At the University of Arizona as at other colleges, relatively few Chicanos seem to find their way to study in the Rehabilitation Department. Because these individuals are not coming from the universities, rehabilitation agencies in such states as Arizona and California have had to hire and then do their own training in order to reach parity. Greater efforts must be made to attract Hispanics into rehabilitation related fields.

V. EVALUATION AT THE V.A. IN PUERTO RICO

Summary of presentation by Edward Stiehl, Clinical Psychologist, Veterans Administration, San Juan, Puerto Rico.

In Puerto Rico, evaluations are made in the face of bulging caseloads and heavy quotas. Six hours are allowed during the course of one day to meet a client, select tests, give those tests, interpret them to the client and wrap up the case! This seems in many respects antithetical to the need to know the "whole person" at his best.

Puerto Rican veterans have special problems as well. Even though they may have studied Spanish in school, after 20 or 25 years in the military service their primary language is English, oral English. They often have difficulty with written tests and vocabulary in either language. This lowers their scores and is a hindrance in any further training they might choose.

No score interprets the same way in every case, and even though the client is seen for only six hours, Mr. Stiehl must depend on social interaction with the client, body language, and what he knows as a bicultural psychologist to help him "color in" the individual and make the best psychological interpretation. Clients are urged not to see the tests either as final answers or limitations. The client, provided with an adequate understanding of the interpretation, is free to take the results and <u>use</u> them, not <u>abide</u> by them.

VI. TESTING: HINTS AND CAUTIONS

Summary of presentation by Maria Barreda-Hanson, Consulting Psychologist, Northwestern Illinois Association for the Handicapped, Big Rock, Illinois.

The personality of the psychologist is a crucial factor. A psychologist's biases always come through. They are evident in the selection of tests he/she feels comfortable with, all the way through to the interpretation.

Although there are no perfect tests and not even a standardized set of tests, testing remains a necessary evil. It is generally all we have to begin to measure with. However, be sure you know what you are evaluating. Is it really needed? Why? What do you and the client want to know/find out? How are the results going to be used? Many times, tests are given for the sake of testing or because counselors do not know what else to do. Testing just to find out what you can about the client, is not a good reason. Be sure you know the client well, as a person, before recommending tests.

The client, too, comes with a set of biases. That is why the case history is so important before choosing the tests. What is the client's health, background, and education. To learn such things you need to build a rapport with your client, a rapport that is almost always lost when an interpreter is involved. Tones, nuances in language, and other important data are then missed.

Sometimes the possibility of developing a "culture free" test is discussed. However, it is hardly possible, and even if it were, who would want it? Rather, the psychologist must be client-oriented and fit cultural characteristics into the profile in ways that enhance rather than handicap the client.

For instance, there are many traditional answers to questions that will vary based on acceptable but different cultural norms. To illustrate, in one

exam a child is asked what he would do if he saw a wallet on the floor in a store. A middle class "Anglo" child would pick it up and take it to the store manager or someone else in authority to try to return it to its owner. An equally well brought up Latin child on the other hand would not touch it; you don't touch what doesn't belong to you.

Further, such things as "ideal" testing conditions in a well-lit, quiet, antiseptic room may be much less than "ideal" for a Hispanic child used to living in a crowded, noisy, and dimly-lit home. Since the evaluator is trying to get the utmost out of the person, not what he can give in only a "traumatic" situation, it is important to be flexible. Maybe, for example, it would be better to test a mother at home where she can watch her children. The only time this can be a little distracting is on time and memory tests, but even these can be adapted.

In working with Hispanic clients (adults or children) it is important to remember the significance of background, culture, and family — especially family. These clients are generally afraid of authority figures, they feel unimportant and don't want to abuse your time. So, when you take those extra steps of going to the home, being extra kind to the grandmother, etc., it is really welcomed. Generally these persons do not go out of their communities for help, so reinforcement is especially needed.

The client needs to feel successful. This may not be in your training manual, but start with easy questions so the client won't become embarrassed. Reinforce him from time to time. Be honest, acknowledge mistakes and ask for help, even if it's only a glass of water. Make smooth transitions. Let a client finish a time test after the time is up. Just note where he/she was when the time ran out. Interpret the results with the client and make them

meaningful to him. Since we argue their validity in any case, you do not have to give I.Q. scores.

Outreach to Hispanic clients is especially important because they have been rejected so many times that they easily drop out of a program. Therefore, home contact is essential.

Use a lot of tests. A lot of everything is always better than one or two. Following are tests I have found to be reliable when translated:

I. Intelligence Tests

Wechslers (WAIS, WISC, R)

Hiskey-Nebraska (best for lack of need of language)

Slosson Intelligence Test

II. Achievement Tests

Wide Range Achievement Test

Peabody Individual Achievement Test (provide parallel reading tests)

Peabody Picture Vocabulary

III. Readiness/Aptitude Tests

Detroit Tests of Learning Aptitudes

Bender Gestalt (also can be used as a projective)

IV. Interest-Attitude Tests

Kuder Preference Record (nice breakdown of jobs, interest areas and skills)

Picture Interest Inventory

Strong Vocational Interest Blank

Incomplete Sentence Blanks

V. Personality Tests

Interviews and Observations

16 Personality Factors Test (16 PF)

Minnesota Counseling Inventory (MCI)

Personal Orientation Inventory (POI)

The Minnesota Multiphasic Personality Inventory (MMPI)

California Personality Inventory (CPI)

VI. Projectives

Draw a House/Tree/Person Test (a nice ice-breaker)

Bender-Gestalt (also a nice starter)

Sentence Completion Tests

Thematic Apperception Test

Rorschach (of limited use with our population)

The best way is to use tests you like, are adaptable to your personality, you know well, believe in, and feel comfortable with. Create your own battery based on a variety of tests that are meaningful to you and "speak to you."

Based on the preceding presentations, we can see that much is being done. However, there are two cautions:

1. Psychological evaluation still remains shrouded in mystery. It is at best an inexact science and more effort should be made to let clients and their families share in the process. Also, there remains much jealosy and separateness of institutions. Where possible, schools, V-R agencies, and other organizations should look for and share evaluation materials so as to gain the best view of the client.
2. Watch out that bilingualism doesn't become a monster. Dr. Hanson stated she receives many referrals from the school district where the "disability" filled in is "bilingual" or

"Spanish-speaking!" That alone is not a disability. In Europe bilingualism is quite common and not a problem at all. Perhaps we can learn from that while still addressing some of the social prejudice issues involved here at home.

PART III. REHABILITATION COUNSELING PLAN DEVELOPMENT

Part III of the conference examined the sometimes nebulous area covered by the rehabilitation counselor: the time following psychological evaluation, before and during training, when the counselor seeks to help the client overcome interpersonal obstacles to successful training and placement. The role of the rehabilitation counselor in helping the client to adjust to his/her disability, and at the same time learn to enjoy a full life, is an extremely important one. The bilingual/bicultural counselor should provide valuable support which, in view of the special obstacles sensed by Hispanics discussed in Outreach and Evaluation/Diagnosis, takes on even greater significance. No effort was made in the presentations to concentrate on particular therapies, but rather on eclectic approaches to therapy and perspectives for the counselor.

The first portion of this section summarizes the presentation by Mr. Eloy Castillo, a Rehabilitation Counselor at the Veterans Outpatient Clinic in El Paso, which he made in cooperation with three other conference participants: Mr. Lucian Adams, Mr. Carlos Gutierrez, and Mr. Ronaldo Sanchez. Together, these gentlemen discuss some consumer attitudes toward the counselor and counseling. Comments from the floor were encouraged and are also summarized.

Second, Mr. Ricardo Diaz of Jewish Vocational Services in Wisconsin discusses how that private agency, in cooperation with the state D.V.R., provides rehabilitation counseling services to Hispanic clients at J.V.S.

Finally, Dr. Alan Lerman of the Lexington School for the Deaf in New York discusses the characteristics of that disabled student population and proposes that, as in the case of deaf children where later rehabilitation

counseling will definitely be required, it should begin before school graduation. V-R counseling and vocational plan development should begin while the child is still in school. It will strengthen the child's support system and ultimately prove more effective than counseling provided later.

I. CLIENTS AND COUNSELORS

Summary of presentation by Eloy Castillo, Rehabilitation Counselor, Veterans Outpatient Clinic, El Paso, Texas; with Lucian Adams, Carlos Gutierrez and Ronaldo Sanchez, consumers of V-R services.

Reminding us that client feedback is the most valuable information that any counselor can receive, Mr. Castillo questioned each consumer briefly about his experience with V-R. Their responses varied greatly. Both Mr. Adams and Mr. Gutierrez as disabled Veterans had received V-R counseling and services from the Veterans Administration with mixed feelings of success. Mr. Sanchez on the other hand, had visited the Arizona Rehabilitation Services Bureau more than ten years ago, but had received no services. After being told that his goal of a college education was unrealistic, he left the V-R agency and went on alone to receive a college degree in social work at Arizona State University. But that is not the end of his story. Mr. Sanchez, since graduation in December 1978, has been unable to locate a job in his chosen field. Instead he works at a machine shop. There are some job prospects, however, and so some hope for change.

This situation is all too common. Many individuals who <u>are</u> helped by a V-R agency to receive training still too often find themselves unable to locate appropriate employment even though there is a shortage of Hispanic professionals! The counselor must always remember that providing training does not therefore mean the counselor's job is over.

A conference participant raised the question from the floor, "Are Hispanic counselors by nature or culture more paternalistic to their own Hispanic disabled, or does it depend on the individual?" Hiram Zayas said that he had encountered such paternalism, which tended to suffocate the real independent-living goal of rehabilitation counseling and would also retard any incipient consumer group movement. Other responses were mixed.

Mr. Sanchez said he could not speak about counselors, as he had never had one, but reflecting on teachers he felt that many of his Hispanic professors were actually more demanding of other Hispanics. Ed Stiehl from Puerto Rico added that he felt no "cultural" paternalism but felt it varied from individual to individual.

Marta Hernandez, a rehabilitation counselor from Illinois, admitted that she, as a Hispanic, felt a special bond to her Hispanic clients. But, could this be labeled paternalism?

Other comments were all in the same vein, thus defining paternalism as a question that bears further study. If Hispanic families and communities are overprotective of their disabled, certainly professionals from that culture should reexamine their own personal attitudes and behaviors as well. Condescension and paternalism can be deathblows to effective rehabilitation counseling.

As stated by another participant, Carlos Perez, rehabilitation counselors must stop categorizing themselves as service providers and instead think of themselves as working together with a client to achieve a common goal.

Mr. Castillo closed with a brief explanation of services available to veterans, their families and dependents. Of special note is that, at least at the V.A., language alone is not a barrier. There are programs through which individualized training can be attained without going to school to learn English first.

II. REHABILITATION SERVICES: A VOLUNTARY AGENCY MODEL

Summary of presentation by Ricardo Diaz, Spanish Coordinator, Jewish Vocational Services, Milwaukee, Wisconsin.

The approach to rehabilitation services delivery for Hispanics in Wisconsin has not followed any particular model, or based itself on any prior research. Rather, it is a program that has evolved from needs, experience, and common sense.

Prior to 1973, the Wisconsin D.V.R. had no system for bilingual services. Translaters were informally located as needed. Then in 1973 one bilingual/bicultural counselor was hired, and immediately the number of individuals needing services increased. The counselor was flexible, he began to meet with individuals away from the D.V.R. office setting, and casefinding began. But unfortunately there was little to offer those individuals who were identified, beyond good medical diagnostic services. Only those individuals with academic backgrounds and some knowledge of the English language were able to receive vocational training services. The others were left for the most part identified but unserved.

In late 1974, Wisconsin D.V.R. received migrant funds and hired another bilingual worker to help with the Hispanic caseload. The two bilingual counselors then approached a number of community organizations (universities, vocational schools, CETA, etc.) and asked them to provide services for Hispanic clients. The responses were not favorable. Over and over again Hispanics were told they could and would receive the same services as other V-R clients when they learned English.

The bilingual counselors were forced to accept that, and therefore began pushing English language training onto their clients. The Hispanic client

was, and in many cases still is, unable to receive any training before learning English.

Jewish Vocational Services, however, did begin to respond and said to the D.V.R. counselors: "If you provide adequate numbers of clients, we will hire appropriate staff to serve them." It should be stressed that this was not being "kind" or particularly "off the track." Jewish Vocational Services staff realized that it could be good business. There was an obvious gap in serving Hispanics, and if J.V.S. could in some measure fill it, it would be worthwhile and profitable.

So J.V.S. hired Mr. Diaz in 1975 to serve as a bilingual/bicultural counselor to build a capacity for serving Hispanics into the J.V.S. facility. He soon realized that his first job was to convince the rest of the J.V.S. staff of the special needs of disabled Hispanics. Second, he had to improve the "image" of rehabilitation within the Hispanic community. For the most part, there was such a stigma attached to being disabled that the Hispanic individual didn't want to admit it and "label" himself by seeking rehabilitation.

It was relatively easy to educate the J.V.S. staff. Hispanic community education was more difficult. First good informational services were necessary. All correspondence was sent in Spanish, on Spanish language stationery. The purpose of the J.V.S. facility and the fact that it would serve only certain disabled persons, and not all, was stressed. Those which it best serves are individuals with low academic levels, multiple disabilities, and poor work histories. It is not for persons who need only E.S.L. training or are seeking professional level jobs.

It was explained to clients that only those with a documented disability could enroll. Prospective clients were invited to tour the facility prior

to entering the program. With this new and open approach, attitudes began to change and clients started to enroll.

A special team approach was designed for Hispanic clients. The team quickly grew to include a state D.V.R. counselor who would spend at least one day a week at the facility, the bilingual/bicultural facility counselor, a bilingual/bicultural training supervisor, a community outreach worker and an E.S.L. instructor. The bilingual/bicultural training supervisor acted as a floater among the training classes to help the instructors and students. The E.S.L. instructor also worked with skills instructors daily to learn curriculum plans and the necessary English words to teach her clients as they trained. The community outreach worker assisted clients with needs outside the center, such as interpreting for them at the doctor, helping them to apply for utilities, social services, etc.

No single counseling theory was adopted. An effort was made to provide firm, accurate information without a "therapy model" which implied illness. Weekly meetings were held with the client, training instructors and counselors to discuss the client's development and plans. In addition, bi-weekly group meetings were held for the facility's entire Hispanic population. The support system was necessary because instructors and other participants at the facility still looked on Hispanics as a group apart, with a different language, and some different customs.

Group meetings were used to build esteem and provide education. Speakers were invited from community agencies to speak on their services and how clients might take advantage of them. Mutual problems were discussed and program changes explained. These group meetings gave the clients a sense of belonging and individual significance among their peers that was in the long-run instrumental to the success of the program. A tight bond and feeling of

camaraderie developed among the participants which kept many enthused and supported in their particular program efforts. 1977 closed with a successful 30% placement figure.

The program is continuing and could be transferred to other areas. The crucial element is the staff, particularly the counselors. Simply being bilingual/bicultural is not enough. The individual must be assertive, a strong advocate, with a vested interest in the Hispanic community, and involved in community affairs. In many cases the sex and even age of the counselor may be important. For example, Hispanic women may be hesitant to discuss many problems with a male counselor.

Jewish Vocational Services was originally established to help refugees and others of Jewish origin. The Milwaukee J.V.S. is unique in that it now serves many other groups as well. However, as it is unique, the information and experience gained in its bilingual Hispanic program is not being shared with other J.V.S. facilities.

D.V.R. has had a loss of leadership in Wisconsin during the last few years; this has unfortunately affected the degree of commitment to Hispanics. To cut red tape, to make things happen, commitment at high levels is important. The lesson to be learned is that one cannot assume that success, once achieved, will automatically continue. It is a constant struggle. Hispanics must continually advocate and make conscious efforts to move into decision-making positions so as to firmly institutionalize programs to fit the needs we have identified.

III. A PROFILE OF HISPANIC DEAF CHILDREN IN NEW YORK CITY
Summary notes written by Alan Lerman, Project Director, CREED*, Lexington School for the Deaf, New York City.

Hispanic students, who currently comprise 50% of the deaf students in the New York Metropolitan area, generally come from families from rural Puerto Rican backgrounds, have a single parent in the home and generally subsist at or below the poverty level. While this information is similar to that obtained in the findings of other work, the important issue for us is that there is a clearly-demonstrated relationship between the child's educational-achievement and these home factors.

In the New York Metropolitan area, in contrast to other cities, the Hispanic community is less established and more transient, and the educational establishment is more entrenched and locked into a structure with a set of procedures and "old time" staffers. The development of new approaches is therefore more difficult. We cannot develop completely new programs, but must shape older programs which did not recognize the Hispanic community as a special concern. Our project has helped redefine the area of educational responsibility to include activities directed at maintaining and improving the home situations through the use of both professional and paraprofessional community workers.

To a significant degree, Hispanic deaf students who are seen by vocational rehabilitation counselors comprise those who have limited skills in any language area, and who have been placed in multi-handicapped programs within

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*CREED (Cooperative Research for Educational Endeavors of the Deaf.) CREED-VII involved Hispanic children in schools for the deaf in the New York Metropolitan area. CREED-VII is state-sponsored through Title I and will terminate June 30, 1979.

our special education system. Many of the assumptions that are made about teenagers in general may not be appropriate for this group. Specifically, many Hispanic deaf students are more dependent on their families than one expects from non-handicapped and even from other handicapped adolescents. In these cases the families must be considered as participants in vocational rehabilitation planning. Some teenagers are found at the other extreme of parental involvement, where they have been accepted by the street groups with whom they spend almost their entire time. It would seem that the normal process of evaluation, diagnosis, training and placement is a questionable one for these students since D.V.R. services need to be more personalized, individualized and aggressive in terms of community outreach.

While there are many other elements of our program relating to bicultural-bilingual instruction within the educational system, the most relevant aspect of our work for this conference is both the expansion of the limits of what constitutes educational activities and the utilization of individual staff members in a wide variety of roles. If we are to avoid having individuals "fall between the cracks," the rehabilitation activities for this group must include working with the whole person and the entire family. Only in this way can we constructively help them to become independent workers.

(See following tables for statistical analysis of Hispanic Hearing Impaired Children in New York City.)

DISCOVERING AND MEETING THE EDUCATIONAL NEEDS OF HISPANIC HEARING IMPAIRED CHILDREN

Principal Investigator: Alan Lerman, Ph.D.
Lexington School for the Deaf
Research Associate: Edmund Cortez, M.Ed.
Lexington School for the Deaf

CREED VII
Cooperative Research Endeavors in Education of the Deaf

Project: Determining Need and Developing Remedial Programs For Deaf Children From Hispanic Backgrounds (1976-77)
Funded by: E.S.E.A. Title I - P.L. 89-313

BUREAU FOR PHYSICALLY HANDICAPPED CHILDREN
STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234

TABLE V. - MEAN & MEDIAN SOCIAL-EMOTIONAL RATINGS BY AGE & GROUP

AGE GROUP	CREED VII SAMPLE Median Score (50%)	CREED VII SAMPLE Mean ($\bar{X}$)	TOTAL PILOT STUDY SAMPLE Mean ($\bar{X}$)
6-7 year olds	79	69	70
8-9 year olds	57	56	64
10-11 year olds	54	48	81
12 year olds	36	40	
In Mental Health Treatment (5-18 year olds)			50
Not in Mental Health Treatment (5-18 year olds)			70

TABLE VI. - BACKGROUND CHARACTERISTICS OF PARENTS BY STUDENT AGE

	MOTHER			FATHER		
	6-7 y.o.	12 y.o.	Total	6-7 y.o.	12 y.o.	Total
Parent is present in the home	97%	95%	96%	58%	44%	46%
Parent inaccessible	-	-	-	31%	39%	35%
Parent is a hearing person	100%	97%	99%	100%	100%	100%
Median age (in years)	30 y.o.	35 y.o.	34 y.o.	35 y.o.	39 y.o.	39 y.o.
Born in Puerto Rico	91%	86%	86%	83%	83%	80%
Born in other Hispanic countries	9%	14%	14%	17%	17%	20%
Comes from a rural background	63%	54%	58%	56%	50%	57%
Median time in mainland U.S. (in years)	11 yrs.	15 yrs.	13 yrs.	13 yrs.	18 yrs.	16 yrs.
Highest Education Level Attained						
Elementary schooling (0-6 years)	23%	32%	30%	52%	25%	31%
High school (7-12 years)	62%	57%	53%	24%	45%	43%
High school graduate	6%	11%	8%	19%	15%	16%
Some college	3%	0%	3%	0%	10%	4%
Vocational schooling	6%	0%	3%	5%	5%	6%

TABLE VII. - CURRENT DEMOGRAPHIC CHARACTERISTICS OF THE FAMILY BY STUDENT AGE

	6-7 y.o.	12 y.o.	Total
Socioeconomic Status of Household			
Professional and/or managerial	5%	8%	8%
Skilled and/or semi-skilled	31%	31%	30%
Unskilled and/or unemployable	64%	61%	62%
One or both adults currently employed	30%	39%	37%
Family is on welfare	40%	53%	48%
Family is classified below poverty level	83%	75%	83%
Gets assistance from community agencies	17%	92%	87%
Condition of the Neighborhood			
Well maintained	20%	20%	17%
Changing	14%	33%	26%
Deteriorated	67%	47%	57%
Grandmother is present in household	14%	3%	5%
Child's main caretaker is:			
Father	3%	3%	2%
Mother	92%	94%	96%
Grandmother	3%	3%	1%
Main sibling	3%	0%	1%
Number of children in home:			
Only child	6%	19%	7%
1 - 2 siblings	50%	33%	47%
3 or more siblings	44%	47%	46%
Has other deaf siblings	6%	3%	5%

ABLE IX. - HOME LANGUAGE ENVIRONMENT BY STUDENT AGE

	6-7 y.o.	12 y.o.	Tot
Reads newspapers:			
Spanish only	36%	14%	29%
English only	28%	25%	27%
Both Spanish & English	28%	39%	32%
Watches T.V. in:			
Spanish	14%	22%	16%
English	83%	78%	81%
Listens to the radio in:			
Spanish	61%	61%	59%
English	31%	33%	36%
Reads magazines:			
Spanish only	31%	31%	29%
English only	8%	19%	12%
Both Spanish & English	36%	22%	30%
Attends religious ceremonies in Spanish	75%	56%	66%
Spanish used for interview	95%	92%	94%
Spanish spoken among family during interview	95%	83%	90%
English/code switching occurred during interview	28%	28%	25%
Family spent extended periods in Puerto Rico	6%	3%	4%
Family goes on vacation in Puerto Rico	33%	42%	38%

TABLE X. - PERCEIVED COMMUNICATION IN THE HOME BY STUDENT AGE

	MOTHER			FATHER			MAIN SIBLING			DEAF CHILD		
	6-7 y.o.	12 y.o.	Total	6-7 y.o.	12 y.o.	Total	6-7 y.o.	12 y.o.	Total	6-7 y.o.	12 y.o.	Total
How Family Member & Deaf Child Communicate												
Mainly oral Spanish	22%	32%	32%	26%	29%	30%	16%	3%	11%	19%	3%	9%
Mainly oral English	8%	6%	10%	4%	14%	13%	9%	10%	15%	3%	8%	9%
Oral English & Spanish	14%	15%	11%	22%	14%	12%	19%	31%	21%	6%	6%	3%
Some manual (with oral language)	47%	47%	42%	39%	43%	44%	53%	55%	50%	69%	78%	75%
Some gestures (with oral language)	8%	0%	5%	9%	0%	1%	3%	0%	3%	3%	6%	4%
Main Communicator with Deaf Child	69%	44%	59%	8%	6%	6%	22%	48%	34%	-	-	-
Speaks Spanish only	83%	83%	83%	77%	68%	77%	58%	31%	42%	-	-	-

	6-7 y.o.	12 y.o.	Total
Deaf Child is Understood by:			
Family	94%	73%	86%
Relatives	68%	56%	60%
Visitors	61%	44%	51%
Hearing peers	78%	72%	72%

TABLE XII. - FUTURE EXPECTATIONS FOR DEAF CHILD BY STUDENT AGE

	FAMILY REPORT			TEACHER REPORT		
	6-7 y.o.	12 y.o.	Total	6-7 y.o.	12 y.o.	Total
Deaf Child Will Be Self Supporting	81%	72%	75%	50%	68%	51%
Level of Education Child Will Complete:						
At least thru High School	59%	34%	42%	63%	33%	51%
At least thru College	38%	56%	47%	4%	3%	6%
At least thru Vocational School	3%	9%	11%	33%	64%	43%

TABLE XIII. - TEACHER'S EVALUATION OF CHILD'S FUNCTIONING BY STUDENT AGE

	TEACHER REPORT		
	6-7 y.o.	12 y.o.	Total
Academic Performance is Average or Above for Class	58%	63%	61%
Behavioral Functioning is Average or Above for Class	90%	81%	76%
Child Does as Well as He Can	61%	42%	49%
Grade Level of Books Child Can Read in School			
Reading readiness	52%	16%	24%
Primer	45%	16%	36%
1st grade	3%	25%	17%
2nd grade	0%	36%	21%
3rd grade or above	0%	6%	2%
Parents Are Interested and Involved in Child's Education	58%	50%	48%

IV. TRAINING AND PLACEMENT

The training and placement phases of the vocational rehabilitation process are critically important, since the success of vocational rehabilitation itself hinges on the client's job readiness and the appropriateness of his/her placement.

However, though the above may seem simple and straightforward, it is also the point at which a great deal of controversy begins. No one really argues with the goal of "training" and "placement" but there certainly are differences in philosophy as to what may be acceptable and appropriate in these two areas.

This was the topic of a group discussion moderated by Dr. Arthur Linskey prior to the conference presentations in this area. A number of insightful exchanges can only be summarized here.

First, the number of differing viewpoints on training serves primarily to stimulate unanswered questions: Should training only fit a known placement opening? Is training of such worth in itself that it should be provided therapeutically, regardless of the job market, or, perhaps, of its practical worth to the client? If a client has a strong desire for specific training, should that training be given regardless of the client's best aptitude or the availability of job openings? Are Hispanics typically "steered" into low-skilled, low-paying jobs because of the same stereotypic attitudes that over-represent them in special education and M.R. classes as children?

There was general consensus among participants that "yes" is the answer randomly applied to all these question at different times. Therefore, much more deliberate thought needs to be applied to planning placement-directed programs in cooperation with the client, his family, and employers.

Most clients carry a negative image of themselves as disabled persons and a correspondingly low impression of what they really can do. Counselors can easily fall into the trap of accepting and seeking to fulfill only those low expectations without ever really examining their merits. Generally, the Hispanic client's family is unfamiliar with the V-R process and can inhibit the client's progress unless they are carefully informed and included in the client's development plan. The client's income also affects the family; if they do not understand the need for long-term training or the low stipends clients receive in vocational workshops, they may feel their disabled member is being grossly exploited.

Further, in spite of many efforts to the contrary, it remains true today that most employers are actually afraid of hiring handicapped persons. They believe they won't be able to handle the job. As a result, unemployment among trained, disabled people continues to rise above the norm. Therefore, continued, aggressive efforts must be made within communities to secure placements for disabled individuals who receive training. Limited job opportunities, even more than the scarcity of good training, leave the rehabilitation counselor in a quandary. He/she doesn't want to underestimate the potential of a client, but neither does the counselor want to raise the client's hopes for employment only to have them dashed by an insensitive job market.

The four presenters whose summaries follow discuss these issues and describe what their own organizations are doing to meet them. First, Dr. Louis Bonilla, Director of the Division of Vocational Rehabilitation in Puerto Rico, discusses what his agency has done in cooperation with industry to meet the training and employment needs of the handicapped. Ms. Maria Machargo, Vice President for Personnel of Banco Popular in Puerto Rico, discusses the efforts her bank has made to hire disabled persons. Mr. Raymond Garcia, Chairman of

the Board of Barrio Industries, discusses the role of community training centers; Barrio Industries, funded by the California D.V.R. and income from outside contracts, is the only training facility in the United States specifically designed to serve the bilingual/bicultural disabled client. Finally, Dr. Nora Brusuelas, director of affirmative action for the handicapped at the University of California's Lawrence Berkeley Laboratory, talks about her organization's success with on-the-job training and environmental or bio-engineering to help improve the match of jobs and disabled employees.

I. BARRIERS TO EMPLOYMENT IN PUERTO RICO
Summary of presentation by Luis Bonilla, Director, Division of Vocational Rehabilitation, San Juan, Puerto Rico.

Although Puerto Rico's majority population is Hispanic, D.V.R. programs lack sufficient numbers of qualified bilingual rehabilitation counselors and other personnel. Graduates of the University of Puerto Rico's program in Rehabilitation Counseling are few, and usually go to private institutions or the U.S. mainland where salaries are better.

There are few vocational training facilities in Puerto Rico and none, as previously stated by Mr. Stiehl of the V.A., are readily accessible. Most D.V.R. clients thus receive training at colleges and universities on the island. General unemployment in Puerto Rico is quite high and remains even higher for D.V.R. clients. However, in spite of this, D.V.R. still encourages the training.

With the enthusiastic support of the governor and the First Lady great strides have been made in lowering architectural and legal barriers to employment, but attitudinal barriers remain high. D.V.R. and the Governor's Office of the Handicapped (directed by another conference participant and presenter, Mr. David Cruz), have made aggressive efforts to reach out to the private business community, educate them to the potential of disabled employees, and urge their cooperation. These efforts have had significant success though much remains to be done.

Ms. Machargo, whose presentation follows, will discuss the experience of one such private organization and give you an idea of how banks and other institutions of business and industry can work with the disabled for mutual benefit.

Puerto Rico has films, posters and promotional placement materials available and would like to share them with Spanish-speaking community organizations in other regions of the United States. D.V.R. also offers technical assistance in the development and translation of such materials. For further information contact:

Dr. Luis Bonilla
Secretario Auxiliar
Rehabilitation Vocacional
Division de Rehabilitation Vocacional
Departamento de Servicios Sociales
Apartado 118
Hato Rey, Puerto Rico 00919

II. JOBS FOR THE HANDICAPPED: BANCO POPULAR PROVIDES A MODEL
Summary of presentation by Maria Machargo, Vice-President of Personnel, Banco Popular, San Juan, Puerto Rico.

Banco Popular's program to hire the handicapped began 15 years ago when a deaf person applied for a job at the bank. Although he had no previous work experience or specialized education, personnel at the bank were impressed by his desire to work and his self-confidence. He was therefore hired part-time for training as a keypunch operator and then assigned full-time to the data-entry department where he worked for eight years before moving on to accept further employment.

Banco Popular is one of the United States' largest banking institutions. It ranks 66th among the more than 15,000 banks registered in the U.S. with total assets at more than two billion dollars. Banco Popular has 110 branches in Puerto Rico, 7 in New York and 1 in Los Angeles. There are more than 3,000 full-time employees, 900 part-time employees.

Founded in 1893, Banco Popular has always been committed to community affairs and particularly, in the past several years, to improved opportunities for the handicapped. With the help of D.V.R., Rehabilitation International/USA, and many more community organizations, this interest has become a guiding philosophy and policy.

Following the hiring of that first handicapped employee, Banco Popular began an affirmative action program plan that could be duplicated in many communities. Following are the basic steps:

1. Personnel from the Bank acquaint themselves with the various local organizations associated with the rehabilitation of disabled persons.

2. Efforts are made to introduce the program representatives to each other and establish personal working relationships between them, individuals in the personnel office at Banco Popular, and rehabilitation counselors at D.V.R.
3. The counselors and personnel specialists then begin participating in placement workshops. They meet with other prospective employers and try to establish realistic expectations to meet client and employer goals.
4. Counselors are invited to tour bank facilities and discuss employment practices, fringe benefits, position openings, and related subjects.

As a result of these efforts, a good working relationship was established between Banco Popular and the Puerto Rican rehabilitation community. Banco Popular interviewers were trained in how to interview handicapped persons and how to recognize workable accommodations for different disabilities. Orientation meetings are regularly held for supervisors and other employees to discuss ways of dealing with different disabilities. D.V.R. counselors and other specialized personnel participate in these meetings.

Careful selection and placement of prospective employees is essential. Mistakes in hiring are costly to the bank and to the disabled person, for whom failure on a job can have permanent effect. Whenever anything develops beyond a supervisor's ability to handle, someone from D.V.R. responds immediately to a phone "SOS." These problems range from interpersonal ones to consultations on how to better adapt or engineer the worker's environment to fit his needs. Banco Popular built the first barrier-free building on the island which now enables the Bank to recruit even severely handicapped employees.

If a disabled individual has no previous work experience or specialized educational background he is usually hired first as a part-time employee and then is later advanced to full-time. This enables him/her to experience a gradual adaptation to the work environment and allows the supervisor to note and make any needed work-place adjustments.

Employee disabilities range from moderate to severe. Occupations range from payroll clerks to accountants, tellers, supervisors, and executives. Educational levels are from the 8th grade to college completion. Most, however, have not attended college and have no prior vocational or work experience. These employees generally come from poor families.

The retention rate is a high 92% and disabled employees are distinguished by their loyalty to the Bank. Work performance ranges from average to excellent. Absence and tardiness are normal, bank insurance costs have not increased. Of the more than 50 disabled employees hired by the bank to date, the overwhelming majority are well integrated into and accepted by the rest of the work force.

A film has been made by Banco Popular about the vocational development of five severely handicapped individuals, all former clients of D.V.R., three of whom now work for Banco Popular. Through the medium of this film, Banco Popular tried to achieve the following three goals:

1. Motivate handicapped persons to seek training and employment;
2. Motivate employers to hire disabled persons; and
3. Eliminate architectural barriers.

This film, produced totally in Puerto Rico and evaluated by the conference participants, is directed to the Latin business community in an effort to improve their image of disabled persons and encourage employers to think of them as prospective employees.

English and Spanish versions of the film entitled "Come Back from the Agony of Defeat" have been donated to Rehabilitation International/USA. Copies may be borrowed or further information requested by contacting:

Mr. Ellis Reiss
Executive Director
RI/USA
20 West 40th Street
New York, New York 10018

III. JOBS FOR THE HANDICAPPED: A PRIVATE INDUSTRY MODEL
Summary of presentation by Raymond Garcia, Chairman of the Board, Barrio Industries, Los Angeles, California.

Particular emphasis at this conference, and in funding, has been placed on migrant populations and the serving of migrants. But isolation and lack of opportunity can be just as harsh in urban barrios, communities that are in many aspects little foreign and underdeveloped countries within the U.S.

In addressing the needs of training, one important aspect has not been discussed: the role of the volunteer. The development of volunteers within the Hispanic community can perform a number of important functions:

1. Volunteer assistance can often fill in where prohibitively expensive means are not available.
2. Consciousness-raising among volunteers can create sensitive advocates for handicapped persons and community fund-raising.
3. Volunteers can become role-models for disabled persons and increase their self-acceptance and ability to integrate into the community.

It is a cruel truth that reception of the handicapped is still poor in the larger community. But a few dedicated individuals within any community can begin to construct a social-industrial complex that will be receptive to trained disabled individuals. Barrio Industries has been able to do this by offering appropriate vocational training in a bilingual/bicultural mode coupled with aggressive marketing of skills and trained personnel in the larger community.

Barrio Industries is funded by a grant from the California D.V.R. and income from work contracts filled at the facility. Approximately 250 clients are served at any one time. Though thousands have been served since the

workshop's opening in 1972, there are still hundreds of thousands in need of the service in California alone, to say nothing of other areas of the U.S. Therefore, Barrio Industries would like to share its program and offer technical assistance to any interested state or organization to begin a similar effort.

Following is a description of Barrio Industries as excerpted from the client's handbook:

Barrio Industries is a division of a larger, comprehensive agency: Community and Human Resources Agency, or "CHARO." The mission and goals of CHARO are included to demonstrate how Barrio Industries fits into the larger plan.

Mission

To contribute toward improvement of the economic, educational and social welfare of our community; to establish organizational stability, resources and services for the betterment of the individual and leadership with the commitment to the basic purposes of the organization.

To effectuate the Mission, the organization's goals are as follows:

1. To maintain an economic program which will ensure organizational stability for community services.
2. To maintain a vocational rehabilitation program for the adjustment, experience training or employment of the developmentally disabled and sociogenically handicapped.
3. To maintain educational programs which will enhance the individual's communication skills and employment opportunities.
4. To provide for employment, housing, child care, family and social programs to enhance the quality of life.

5. To maintain a program which will afford a leadership role toward facilitating the cooperative interaction between government, the private sector, our community and the general public.
6. To maintain a public/community relations program to assist in increasing the public awareness of the governmental process, services and resources, organizational objectives and the community leadership role.
7. To maintain a career developmental program for the enhancement of the agency personnel to ensure equal opportunity.

Workshop Purpose

Barrio Industries was established to provide a broad range of vocational services for handicapped individuals. Its primary emphasis is on meeting the particular needs of the Spanish-speaking disabled community. Services are designed to increase the social, developmental, and vocational functioning of handicapped individuals; to allow these persons to participate more fully in and enjoy activities in the community; and to increase their self-esteem.

Program Areas

Barrio Industries operates two separate workshops, the Work Activity Center and the Vocational Sheltered Workshop, to provide rehabilitation services for two different groups of clients.

Work Activity Center

For clients whose handicap is so severe that their production capabilities are minimal, but who need meaningful activity during the day, Barrio has the Work Activity Center (WAC) program. Therapeutic activities, including but

not limited to work, are provided in order to meet two broad objectives: first, to improve the client's general level of functioning and satisfaction through rehabilitation services such as remedial education, daily living skills training, E.S.L., and socialization activities; and secondly to provide clients with meaningful remunerative work, which improve skills to the level of a more vocationally oriented program.

Vocational Sheltered Workshop

The vocational sheltered workshop provides both transitional services and extended employment to handicapped individuals. Within the workshop there are four programs for transitional clients: work evaluation (situational assessment), work adjustment, work experience, and trade training; and one program for long-term clients: extended or regular employment.

Briefly, the emphasis of each program is as follows:

Work Evaluation: By observing clients in actual work situations, Barrio staff members evaluate clients' potentials for employment and the need for other services, such as work adjustment, which enable them to become competitively employed. The basic staff function in work evaluation is answering employment-related questions about the client.

Work Adjustment: By modifying and controlling the client's work environment, and through counseling, staff members modify clients' present work habits and behaviors which are unacceptable in a regular work situation. In addition, they strengthen the habits or behavior in the client needed for competitive employment. Here the basic staff function is to deal with previously identified problems. Work adjustment cannot occur until an evaluation (here or elsewhere) has shown clearly the problem areas needing attention.

Work Experience: By providing real work and efficient production methods, staff members help clients to improve and maintain work habits and

skills until the client is job-ready or while placement efforts are being made. Clients in work experience will not normally have major behavioral problems.

Trade Training: By providing a combination of classroom and on-the-job experience, staff members provide clients with specific vocational skills and general work habits, making them employable as trainees.

Extended or Regular Employment: By providing employment for an indefinite time, staff members enable clients not currently employable competitively to earn income and maintain work skills. Extended employees are periodically evaluated to determine the progress that has been made, and to see if new vocational opportunities have developed.

Casework Responsibility

The vocational rehabilitation counselor designated as program manager is responsible for all casework services to clients in the caseload. These services include intake screening, decisions regarding eligibility, liaison with referring agencies, referral for other needed services, vocational evaluation, scheduled and crisis counseling, recording and maintaining records of client progress, general management and coordination of the client rehabilitation program within the workshop, and discharge planning and follow-up.

The program manager also serves as an advocate within the agency, seeing that clients receive the services for which they are referred, that they receive the maximum possible value from their program at Barrio, and that they are consistently treated in a fair and ethical manner. For further information contact:

Mr. Raymond Garcia
Chairman of the Board
Barrio Industries
3951 East Medford Street
Los Angeles, California 90063

IV. JOBS FOR THE HANDICAPPED: ADVICE TO COUNSELORS

Summary of presentation by Nora Brusuelas, Affirmative Action Specialist, Lawrence Berkeley Laboratory, University of California, Berkeley, Calif.

Lawrence Berkeley Laboratory is a scientific research organization which, among its many goals, includes an aggressive policy to hire handicapped individuals. The program has been successful, but there are difficulties, many of which would be faced by any organization hiring the disabled.

Recently, 59 questionnaires were sent to various San Francisco Bay Area agencies dealing with placement of handicapped individuals, requesting statistics regarding Unmet Placements for the past year. The results were shocking.

To mention just a few:

California Industries for the Blind	97% unmet placements
Goodwill Industries	90%
University of San Francisco State	83%
Department of Rehabilitation, San Rafael	79%
Department of Rehabilitation, Pleasant Hills	79%
Department of Rehabilitation, Redwood City	75%
Arriba Juntos	66%

Obviously, even an opportunity for training, which is limited, is no assurance of further employment. Openings are greatest for entry-level jobs; that is perhaps why a vocational training center like Arriba Juntos has better luck at placing individuals than does San Francisco State University.

At Lawrence Berkeley Laboratory, openings for handicapped individuals are few and when announcements of position openings are made, disabled applicants usually exceed each opening by thirty or more.

Unfortunately also, most of the applicants are unqualified. Counselors and other referral agencies will send anyone for an interview, whether or not

they meet the minimal requirements. This practice is discouraging to an employer who must take time to interview many unqualified applicants. It is also discouraging to a client to be sent time and again on useless interviews.

Therefore, the following recommendations were made:

1. Rehabilitation and placement counselors, in an effort to win the support of community employers, must look out for those employers' interests and send them only qualified disabled applicants;
2. Agencies such as the Center for Independent Living should be used to advise business on ways to make the work environment accessible and the work "handleable" by persons with different handicapping conditions. Though new buildings could be built in barrier-free styles, many inexpensive, practical adaptations can be made in present facilities.

Lawrence Berkeley Laboratory has used the Center for Independent Living to help them modify work spaces for the blind and other disabled persons with marked success. This modest bioengineering, coupled with varying degrees of job training, has allowed many disabled persons — ranging from keypunch operators to scientists — to join the work force at the Laboratory.

V. INTERNATIONAL RESOURCES

From the national overview provided by the conference to this point, it is obvious that a number of rehabilitation and community resources in the United States can and must be promptly developed to better serve the disabled Hispanic-American population. Much can be done by networking. But, as mentioned at the outset, it is the premise of Partners of the Americas, and the National Institute on Handicapped Research that supports many of the Partners' international rehabilitation activities, that resources in Latin America can also be used, at least in part, to facilitate the achievement of this goal; first, by sharing ideas on therapies and rehabilitation approaches responsive to Hispanic cultural values and needs; and second, by increasing awareness of and sensitivity to those values and needs.

At the same time, U.S. rehabilitation specialists (especially those that are bilingual/bicultural) can reciprocally offer to many Latin countries some insights and technical assistance desperately needed there. For if we judge V-R services and future trends for Hispanics within the U.S. as bleak, that outlook becomes, relatively speaking, grim for millions of disabled persons in Latin American countries. Partners of the Americas is, therefore, committed to better the quality of life for the disabled throughout the Hemisphere.

In this section, Mr. Gregory Dixon of Partners gives a brief overview of the present status of the disabled in Latin America and what that situation may become in the next few years if current trends continue. Then, in a binational presentation, Ms. Martha Betancourt of Michoacan, Mexico, and Dr. Edgar Waybright and Mr. Maurilio Castro of New Mexico discuss how their participation in a binational Partners project between a school of rehabilitation

in Michoacan and New Mexico D.V.R. has improved services to the Hispanic population in both areas.

Finally, Mr. Ellis Reida, Executive Director of Rehabilitation International/USA, describes the newly-formed Spanish Language Materials Center in Puerto Rico that, with the special cooperation of the University of Puerto Rico, will seek to collect available rehabilitation materials from throughout the Spanish-speaking world, for use by Spanish language professionals all over the Hemisphere.

In addition to the above presentations, conference participants were privileged to hear a keynote address with a slide presentation by Dr. Luis Guillermo Ibarra, Director General of the Division of Rehabilitation in Mexico. This audio-visual presentation, which unfortunately cannot be reproduced here, clearly demonstrated some of the common problems and efforts now being made by professionals in both our countries. Of particular note was an innovative and relatively new system of 16 clinics called Centros de Rehabilitación y Educación Especial (CREE) where the activities of rehabilitation and special education are interfaced.

I. DISABLED PEOPLE IN THE WORLD: AN OVERVIEW
Summary of presentation by Gregory Dixon, Director, Partners of the Americas Rehabilitation Education Program (PREP), Washington, D.C.

The peoples of our Hemisphere are becoming increasingly interdependent; therefore our motivation for more effective communication appropriately arises out of enlightened self-interest, not altruism or charity. 1981 has been declared the International Year of Disabled Persons by the United Nations, providing a special opportunity to focus worldwide attention, concern, and resources on this critical need. From the point of view of both human rights and health care, diminishing the oppressive effects of disabling conditions on people in the Americas should be one of the major goals for the last 20 years of this century.

A minimum ten percent (10%) of the population of any country suffers from some type of physical or mental disability. Disabilities vary in degree and result from non-communicable and chronic illness, malnutrition, birth defects and congenital diseases, accidents, communicable diseases such as leprosy and poliomyelitis; and sensory problems including blindness, deafness, and learning disabilities. This means, in world terms, more than 400 million disabled persons. If an expanded definition of disability such as that adopted by the United Nations -- including social disabilities such as alcoholism and drug dependency -- is applied, the totals rise even higher. But for the time being, let us look at the "smaller" figure of 400 million.

This truly staggering number is placed in perspective if one realizes that 400 million people equal slightly more than the combined total populations of the United States and Western Europe. Furthermore, as the world population continues to grow, the increase of the world's disabled will probably accelerate because of "increased longevity, improved social

conditions and medical care, industrialization and urbanization, as well as a deteriorating food situation.

Many disabled people -- with adequate medical attention, counseling, and vocational training -- live and function with relative ease and normality. Others function at an improved level while remaining homebound. Others require institutional care. At any of these levels the disabled constitute a human resource of incalculable value, and an economic one as well; for most disabled persons are capable of and would benefit from employment. But in poorer countries where industrialization, employment and defense are seen as first priorities, overshadowing the education and health needs of the general populatic.., the money and programs to rehabilitate and integrate the disabled are lacking and the potential resource remains untapped.

The United Nations Universal Declaration of Human Rights proclaims that, "All human beings are born free and equal in dignity and rights," and that, "The handicapped person is an individual with full human rights which he shares in common with the able-bodied." This is a fine philosophy, but the reality remains harsh.

The disabled in the United States and other industrialized countries have fought and still fight uphill struggles for medical services and vocational training, and against employment discrimination, inaccessibility to buildings, and other obstacles to their efforts to achieve the maximum physical and psychological adjustment of each disabled person within the limits of his impairment, to enable him to live as useful and satisfying a life as is humanly possible. But, the situation is much worse in the less-developed nations comprising much of Africa, Asia, and Latin America where only a miniscule

portion of disabled persons will ever receive the kind of assistance or services which would enable them to participate fully in the life of their communities.

Most of these people with special needs live in cultures which have only slight access to rehabilitation techniques, the special equipment and assistance devices, vocational opportunities and self-help information which could greatly improve their quality of life. Moreover, most people who are physically, emotionally, and socially handicapped by their disabilities are also members of families who live in poverty. Severe poverty, a lack of medical and vocational attention, the ignorance of parents, and age-old prejudices regarding disabilities, have trapped millions of people in their homes or sent them to beg on the streets, earning the unhappy distinction of being "the poorest of the world's poor."

Disabled People in Latin America

The disabled of Latin America and the Caribbean suffer the same disadvantages as those in the other poorer nations of the world. Estimates of this region's number of disabled persons range from a minimum ten percent which is approximately 35 million, to 55 million if socially disabling conditions, primarily alcoholism, are included. More startling is the prediction that the population of Latin America will double in 20 to 25 years. It seems safe to estimate that less than 15 percent of the disabled will receive any kind of social or rehabilitative treatment or services. What will the situation be in two decades? How can the handicapping effects of existing disabilities on the individual, the family, and the community be diminished? How can the present inadequate rehabilitation services ever "catch up?" How can these nations

serve and be served by their disabled populations especially in view of the following facts:

1. Labor Force. Latin America is now experiencing the highest rate of growth of new entrants into the labor force. From 1979 to 2000 the work force will more than double from 97 million to 199 million -- a net increase of 102 million workers over a 29-year period. In a 1977 report on Economic and Social Progress in Latin America, the Inter-American Development Bank said that "since most of the labor force that will be active in the year 2000 has already been born, there is no viable solution to the problem..." except by assuring that the demand side of the labor market will absorb the large quantity. Many of you have expertise in job placement -- How does the task of creating 100 million new jobs sound to you?
2. Food Production. It will become increasingly difficult for Latin America to feed itself. It is projected by the International Food Policy Research Institute that between 1979 and 1990 the gross food deficit within Latin America will increase by approximately 40 percent. Agricultural development must accelerate sharply to meet this demand. Only 5 percent of land is arable.
3. Education Needs. Since half of the population is less than 15 years of age, educational needs put an enormous strain on both facilities and budgets of most Latin American countries.

From its creation in 1964 as the private-citizen component of the Alliance for Progress, Partners of the Americas has been predicated on the belief that all the nations of the Western Hemisphere should observe a "special relationship" through international cooperation and sharing of resources for mutual understanding and development. Therefore, the Partners in its operations, which now include 49 partnerships in 20 Latin American and Caribbean nations, has worked to develop that "special relationship" by involving tens of thousands of private citizens (both Latin American and American) in hemispheric development and inter-cultural exchange at a grass roots level. By encouraging the interchange of private volunteer professionals (rather than paid consultants) for collaborative work between U.S. states and their Latin American counter-parts in the areas of health, rehabilitation, agriculture, education, sports, the cultural arts, and disaster relief, valuable information has been creatively exchanged, training given, planning done and projects realized during a cross-cultural experience allowing different people to know each other.

Nowhere, has the "special relationship" or the far reaching possibilities of the Partners impact been better demonstrated than in the Partners Rehabilitation Education Program (PREP), founded in 1968. In the past ten years PREP has sponsored approximately one thousand short-term volunteer exchanges of individuals specializing in rehabilitation, special education, mental health, alcoholism, and drug dependency between the various participating partnerships. These volunteers have included physicians, psychologists, social workers, physical therapists, occupational therapists, special educators, community leaders, and others, all working to improve opportunities and services to disabled people.

Due to a dearth of international efforts in this area, PREP, though a relatively small program, has become the largest comprehensive private inter-

national effort to explicitly address the needs of the disabled in Latin America and the Caribbean.

Rather than exporting costly materials, buildings, or complicated equipment, Partners volunteers' expertise and information resources have been focused on activities to make accessible the necessary and often hard-to-find data on inexpensive adaptive equipment made from indigenous materials, technical aids, educational materials, vocational training, physical and occupational therapy training, and counseling techniques training designed to help integrate the disabled into their societies in a real and cost-effective way.

The response has been gratifying. Teacher training in rehabilitation and special education is resulting in a profound multiplier effect. And, as awareness rises, new and varied requests for additional assistance are growing, not only from Latin America but from U.S. organizations learning of differing and effective Latin programs as well. PREP activities have only begun to scratch the surface. We invite you to examine our program and comment.

PREP is a dynamic program. It takes its form from its countless volunteers and the disciplines they represent. The many contributions of all the professionals who participated and helped to shape the program as it is today are gratefully acknowledged. We invite the further participation of all interested persons to share themselves, their knowledge, and their experiences in this important human effort. Contact us at:

Partners of the Americas
2001 "S" Street, N.W.
Washington, D.C. 20009

II. IMPROVING SERVICES THROUGH BINATIONAL COOPERATION
Summary of presentation by Martha Betancourt of Michoacan, Mexico; and Edgar Waybright and Maurilio Castro of the New Mexico Division of Vocational Rehabilitation.

Dr. Waybright and Mr. Castro first visited New Mexico's Partners State of Michoacan, Mexico, under Partners of the Americas sponsorship in June, 1978. It was their plan to meet with the various rehabilitation and special education resources in Michoacan and investigate possibilities for mutual exchange between the two states. As a result of this trip, and with the strong support of New Mexico's state director of D.V.R., Mr. Robert Swanson, a five year project was developed. In addition to the overall project goals, detailed attention to content was given during the first year, from July 1978 to December 1979.

Project Planning. The content and schedule were established for six exchange training sessions. These sessions were aimed at giving advanced technical training to the professional staff of the Escuela de Rehabilitación y Educación Especial, Dependiente de D.I.F. Mich. and the Alberque Tutelar Juvenil de Michoacan. Course content included among other items: practicum training in differential diagnosis, development of a specialized diagnostic test battery, instruction in theory for the test instruments, teaching a specialized clinical interview technique and associated system of analyzing interview content, practicum training in the construction and use of the Individualized Written Rehabilitation Program as a case management tool. The sessions were scheduled as follows:

	DATE	LOCATION
a) September	18-22	Morelia
b) December	4- 8	Albuquerque
c) March (79)	12-16	Albuquerque
d) June (79)	4- 8	Morelia
e) September (79)	17-21	Albuquerque
f) December (79)	3- 7	Morelia

A tentative long-range plan of action included the following major elements:

A) Development of a continuity of care system where retarded and developmentally disabled and emotionally disturbed children can be referred directly to new programs after they become overage for the above-mentioned program (i.e. Escuela de Rehabilitación y Educación Especial and Alberque).

B) Development of group homes for independent living and appropriate staff.

C) Formation of a private corporation to employ handicapped individuals in the program.

D) Formation of a Mexican-U.S. import-export corporation to sell products produced by handicapped individuals in the program in New Mexico.

E) Provision of an integrated and well-planned program of technical assistance and advanced instruction by professionals from Michoacan. This program would be aimed at tapping the expertise of the Michoacan rehabilitation professional to help the New Mexico D.V.R. develop an effective positive action program to extend services to rural Spanish-speaking and Native-American clients. This program would involve cultural awareness training and special emphasis on the development of small industries employing groups of handicapped individuals in the rural setting.

It was agreed that the Partners Chapter would fund travel to and from Morelia by air and D.V.R. would pay the expenses of developing and reproducing

instructional materials, travel, lodging and per diem for participants within the borders of New Mexico.

Because of the affirmative response of the Michoacan Partners, the ties of mutual interest and concern, the adequate funding base, and the provision for long-term sustained effort, there was optimism that this project would be successful and improve the lot of handicapped persons in Michoacan and New Mexico.

As of the date of the conference, four of the planned six exchanges had taken place. Though there had been some difficulties and changes which will be touched upon in a moment, all parties agreed the project had been, thus far, a success, in many respects, even greater than expected. Both states feel an even stronger commitment now to carry through the rest of the project.

On the New Mexico side, a Field Service Spanish-speaking and Native American Committee was established at D.V.R. This committee was deemed necessary to extend present services to many persons who belong to cultural minorities living in remote areas that lack vocational opportunities. Physical distance and cultural barriers inhibit the work of professionals attempting to extend services to these individuals. Thus, the aim of this committee is two-fold:

1) to develop innovative approaches to extending V-R services to handicapped persons belonging to these groups;
2) to develop a cultural awareness program to ameliorate culturally based psychological barriers that hinder staff members in their efforts to extend V-R services to clients belonging to these groups.

In order to facilitate the accomplishment of these ends, professionals from the Spanish-speaking and Native American communities, as well as a few carefully-selected bilingual Anglo professionals were chosen.

Initial Michoacan Committee efforts in this project focused on two programs in Morelia: the Escuela de Rehabilitación y Educación Especial, which serves the developmentally disabled who fall both within the retarded and learning disabled categories; and the Alberque Tutelar Juvenil de Michoacan, which serves emotionally disturbed children and youth. Both programs had problems with the diagnosis, treatment and overall vocational rehabilitation of their clients. Initial programs were planned to provide inservice training to their staff, built around our IWRP concept, utilizing selected D.V.R. personnel. Later we would help them develop independent living centers and private industries employing their clients, coordinating our efforts with other committees of the Partners Program. This will be a long-term, in-depth effort on our part extending for perhaps a five year period.

Project Implementation. At least for the first year, only the Escuela de Rehabilitación Especial was able to join the project in Michoacan. However, D.V.R. maintained an open invitation to the Alberque Tutelar Juvenil and other area institutions; it is hoped that more will be joining the project in its second year.

In this first year much attention has been placed on training the Escuela teaching staff in many aspects of child development and assessment. Lectures have been given regarding normal and abnormal development, and practicum held with the teachers' own students regarding evaluation. The teachers have been taught to administer and interpret a number of psychological tests. They, in turn, should become able to train others.

Translating tests, adapting content, and interpreting techniques were mutual efforts. While D.V.R. worked on these matters with the Michoacan staff, they also had an opportunity to reexamine some long-standing D.V.R. assessment

practices. As a result, some D.V.R. tests and practices were adjusted to make them more reasonable and effective.

In addition to tangible improvements in assessment techniques in both states, there have been advances in cultural awareness. Strong personal friendships have developed between the project participants, bringing deepened understanding of mutual concerns.

As this project moves into its second year, it is expected that learning and mutual benefits will expand. Training films are being prepared, based on the first year exchanges, which can be used in personnel improvement courses for Spanish-speakers in either state. The partnership would be glad to share this and testing materials with any interested organizations. They would also offer technical assistance to any other state interested in setting up a similar program.

For further information contact:

Dr. Edgar Waybright
Chief Psychological Consultant
Psychological Services Unit - D.V.R.
122 La Veta Drive
Albuquerque, New Mexico 87108

III. SPANISH-LANGUAGE MATERIAL CENTER ON DISABILITY IN PUERTO RICO
Presentation by Ellis Reida, Executive Director, Rehabilitation International/U.S.A., New York City.

In 1979 the Spanish-speaking population of the United States will become this country's largest minority. Demographic probability portends that the Hispanic disabled will most likely constitute the most significant minority group among the handicapped.

To serve this sizeable "minority within a minority," and to assist the great many Spanish and English-speaking professionals who serve them -- in both the 50 States and Puerto Rico -- initial discussions have taken place concerning the development of a Spanish-language materials center on disability. This paper summarizes these discussions; it is intended to be circulated for initiation of comments and further planning.

Background and Need

While many Central and South American countries have commendable programs for segments of their handicapped populations, there exists no comprehensive Spanish-language resource of printed and audio-visual materials which would be of significant benefit to the rehabilitation communities of the U.S., Puerto Rico and all of Latin America.

The need for Spanish materials is great. On the U.S. mainland, alone, there are over 400 Spanish-language media outlets. In the larger U.S. cities an enormous number of Spanish-language publications are sold daily; urban merchants and professionls usually have a basic working knowledge of that language. Rehabilitation professionals also have increasing need for familization with Spanish, in order to effectively assist the sizeable number of Hispanic clients and their families.

In California, for example, there are now approximately 200 Spanish-speaking vocational rehabilitation counselors, as opposed to only five several years ago. In Puerto Rico, where very few of the disabled are counselled in English, these professionals face a problem in obtaining even a few resource materials to help them and their clients.

While the demand and need are great, the resources are severely limited. In its worldwide identification program of rehabilitation audio-visual materials, the RIUSA international film library, Rehabfilm, has uncovered a surprisingly small number of Spanish-language rehabilitation films and tapes. The President's Committee on Employment of the Handicapped publishes approximately 100 pamphlets and brochures, yet has not a single Spanish publication. Its frequent radio spots are also recorded only in English. The Department of Labor publishes little in Spanish, as do the other Governmental Departments.

In fact, Spanish translations of standard textbooks are the only substantive resource regarding rehabilitation which are easily obtainable, and these are primarily concerned with medicine and allied fields.

Resource materials are an integral facet of every aspect of rehabilitation. They inform, educate and assist. Therefore, it is vital to identify existing print and audio-visual Spanish-language rehabilitation materials and, further, to encourage production of new and translated materials.

Puerto Rico as a Base for the Center

The center will serve the rehabilitation communities of the United States, Puerto Rico, and Latin America (as well as the Hispanic disabled of other countries worldwide). Puerto Rico is ideal as the geographic base for the center for several reasons:

1. Association with the United States -- Due to its long formal association with the U.S., Puerto Rico's institutions and professionals are oriented toward the U.S. "approach" regarding program formulation, problem solving and cooperation with governmental agencies, private organizations and businesses. Thus, it can easily conform to U.S. requirements and standard formats in development and implementation of a materials center.

   Almost all U.S. rehabilitation programs also operate in Puerto Rico. Rehabilitation professionals there are familiar with English-language resource materials and are experienced in their effective utilization.

2. Spanish Culture -- Despite its close association with the U.S. and its mainland-like programs and institutions, Puerto Rico retains a pervasive Latin culture. All non-U.S.-related business and social contacts are conducted in Spanish, almost every media outlet is in the Spanish language, and the cultural orientation, value structure, priorities of life are uniquely Puerto Rican (and Spanish). To influence or most effectively reach a Hispanic-oriented audience, this factor will be a key element in both wording and distribution of translations, scripts, publications and audio-visual media.

3. Corporate Resources -- Almost all major U.S. corporations have established branches in Puerto Rico, primarily because of the favorable tax structure created by "Operation Bootstrap" and a large, inexpensive labor force. A recent survey showed more

than 500 U.S. corporations with assets over $1 million on the Island.

The many corporations in Puerto Rico relate easily to the States, both in communications and in service exchange. The value of this corporate resource regarding media is in the production of films and video tape on the Island. Puerto Rico has all the technology to manufacture and develop audio-visual materials. However, since so many corporations have U.S.-based services, Island producers feel free to move back and forth. For example, it is often easier and cheaper to process color film in Miami or New York, and this is where it is often done.

4. Bilingual Resources -- Puerto Rico has a uniquely bilingual population, particularly in the urban areas. Although the Island has a deep-rooted Spanish culture, because of its long association with the United States most professional and business persons speak perfect or near-perfect English. Many of the college graduates hold degrees, especially advanced degrees, from the U.S. Further, recent "reverse immigration" has brought back to the Island many Americans of Puerto Rican descent who were born and raised on the Mainland.

This bilingual capacity provides the Commonwealth with exceptional capacities concerning media production. In educational films, for example, Puerto Rico has captured most of the world market in English-Spanish and Spanish-English dubbing. Encyclopaedia Brittanica, the largest educational

film producer in the world, does all its film dubbing in Puerto Rico from Mexico City, the other Spanish-language film center.

5. Professional Cadre -- The high quality of training and education among the Puerto Rican citizenry offers a competent and expert "labor pool" -- an especially valuable resource when indigenous assistance is sought to implement production of materials or programmatic activities.

6. The University of Puerto Rico -- Certainly when considering the development of a Spanish-language materials center on disability, the University of Puerto Rico is a resource of overwhelming value. Not only is it the sole Spanish-language university in the world set up according to U.S. standards and curricula but, also, it offers advanced degrees (including doctorates) in all of the rehabilitation disciplines. Further, its departments include media-related divisions such as communications and journalism.

UPR faculty and administration continually interact with U.S.-based counterparts and Federal government agencies. All equipment and methodology is thus kept current and innovative on par with other major American institutions.

These features have given the University a special capacity unique in the Western Hemisphere. Its Spanish-language curriculum and comprehensive offerings have drawn students (particularly graduate students) from every Latin American

country. Of special note is the Department of Rehabilitation Medicine which, for example, trains all the rehabilitation physicians from the Dominican Republic and, until recently, from Venezuela.

Proposed Administrative Structure of the Materials Center on Disability

Rehabilitation International/USA, the U.S. affiliate in the worldwide network of Rehabilitation International, has had an ongoing program to serve the disabled of Puerto Rico since 1973. Its primary activities involve the grant-funded placement of disabled workers in the San Juan metropolitan area. A special subsidiary, RIUSA-Puerto Rico, was established to expedite its Commonwealth programs, and RIUSA proposes to offer its existing offices, equipment and staff to develop the framework of the Spanish-language materials center on disability. Utilizing its own media expertise, as well as the cooperation of other voluntary organizations, governmental agencies and the corporate community, RIUSA can coordinate the design and implementation of a basic resource center of disability-related materials.

A. Potential Cooperating Organizations and Agencies. During exploration of the possibility for formulating a Spanish-language materials center on disability, RIUSA began to identify potential cooperating organizations. Enthusiastic interest was shown in the project, and it is expected that many organizations and agencies will offer their assistance. At this early date, the following organizations constitute the potential nucleus of a corps of cooperating agencies for the project:

1. The President's Committee on Employment of the Handicapped -- As stated above, PCEH has no materials in Spanish, but has a great

need for them. Initially, the need would be simple translation, possibly with more complex materials at a subsequent date.

2. Partners of the Americas — The Partners' exclusive interest in Latin America underlines its need for Spanish-language materials on disability. Their special interests in the center are emphasized by this Conference.

3. Rehabilitation International -- One of the major mandates of Rehabilitation International is the provision of information internationally on all aspects of disability. Both the disabled and professionals serving them throughout the world benefit by this program. R.I. has an established Spanish-language disability library in Mexico City, but has been unable to compile a great deal of material due to general unavailability of comprehensive Spanish publications -- emphasizing the major rationale for development of a Spanish-language materials center on disability.

B. Rehabilitation International/USA's Coordinating Role. As described above, RIUSA already has an extensive program in Puerto Rico and, during its many years of activity on the Island, has established cooperative relationships with the Puerto Rican business, professional and voluntary communities. Its commitment to the handicapped of the Commonwealth is also evidenced by the dedication of the RIUSA-Puerto Rico Advisory Board, whose Honorary Chairman is the First Lady of Puerto Rico, Sra. Kate Donnelly Romero, and the untiring efforts of Rafael Fabregas, a Director of RIUSA and Chairman of its Puerto Rico Programs.

RIUSA's commitment to the rehabilitation communities of the United States and Puerto Rico, and its cooperative programs to assist the disabled worldwide through its affiliation in the network of Rehabilitation International (by which it has access to the rehabilitation resources of every Spanish-language country), afford the agency the opportunity, capacity and capability to initiate continued development of a Spanish-language materials center in Puerto Rico.

VI. CONCLUSIONS/NETWORKING

In bringing together so many professionals from throughout the nation, we were reminded of the great diversity of the Hispanic minority. The Puerto Rican heritage differs from the Mexican, rural life differs from urban, and so on. Yet, at the same time, striking similarities became evident and the urgent need for a national policy to meet these needs emerged. Some of the outstanding conditions and needs shared by all the Hispanic-American minority are:

1. Hispanics are underrepresented in relation to their percentage of the overall population among recipients of vocational rehabilitation services.* A variety of reasons, ranging from the attitudes of an unconcerned majority society to cultural inhibitions about reaching beyond the family circle for assistance, contribute to this underrepresentation.
2. Programs that have been successful in reaching out to Hispanics and identifying the disabled in need of service have done so through unconventional means. Outreach must take place within communities and families in a personal way, rather than through the impersonal administration of "cases" in office and agency settings.
3. Professional bilingual/bicultural personnel are underrepresented in rehabilitation and related professions. Current trends in colleges and institutions show no improvement in this pattern in spite of the fact that adequate numbers of

*See Appendix C.

bilingual/bicultural staff are essential to provide appropriate services to Hispanics.

4. Although some strides have been made, psychological tests and other evaluation tools for the assessment of Hispanic clients remain generally inadequate. This inadequacy is compounded by the misinterpretation of evaluation results by culturally unaware non-Hispanic professionals.
5. Training and placement are difficult goals to achieve for any disabled person. This problem is compounded for the disabled Hispanic. Very few training programs are available for limited English or non-English speaking persons. In the few programs that are available it is clear that a client can begin training and learn necessary English at the same time, without being forced to learn English before being allowed to enroll.
6. Placement, especially in other than low-skilled entry level jobs, is almost negligible. Employer attitudes toward hiring the handicapped continue to be negative.
7. Other countries, particularly in Latin America, share similar concerns for their disabled poor.

To address these needs, the participants — recalling the words of keynote speaker Graciela Olivarez that strength lies in partnerships and coalitions — chose to elect a task force from among their members to coordinate a national effort to examine and lobby for the needs of disabled Hispanic Americans. In the words of one of the task force members, Dr. Nora Brusuelas, this task force will focus on the following activities:

1. Coordinate statistical data on the Hispanic disabled in order to upgrade delivery of health and rehabilitation services.
2. Encourage counselors and agencies to involve the family in every step of the process of counseling, training, rehabilitation and placement.
3. Encourage the hiring of more bilingual/bicultural counselors to better serve Hispanic needs.
4. Develop new methods of dealing with problems of overprotectiveness and the isolation of Hispanic disabled persons within the structure of the Hispanic family.
5. Encourage and assist the Hispanic disabled in their efforts to form a cohesive group to lobby for their rights.
6. Encourage the Hispanic community as a whole to take a more aggressive stand to ensure that the rights of our Hispanic disabled are addressed and met.

In addition, the national task force will attempt to include in the network the many smaller Spanish-speaking task forces and organizations located throughout the country. The goal is a cohesive group to share further information and to create a united voice for the Hispanic disabled. Efforts will be made toward cooperation among this Hispanic coalition, other national groups and international associations of similar interests.

Partners of the Americas, at the unanimous request of the conference participants, will provide for one year the administrative assistance necessary to assure the function of the task force and will help to coordinate a second national meeting. The second conference will focus more specifically on selected issues rather than the broad overview of subjects covered at the first meeting.

Task force members are listed on page (i) of the report; their addresses are in Appendix A. All interested persons are encouraged to contact their closest representative for more information regarding the task force's progress, or may contact Partners of the Americas.

As a first step in meeting its goals, a resource directory and mailing list of resources for handicapped Hispanics will be compiled. Readers are asked to complete the questionnaire on the following page and return it to Partners of the Americas, 2001 "S" Street, N.W., Washington, D.C. 20009.

RESOURCES FOR HISPANIC HANDICAPPED

PERSONS IN THE U.S.

The Partners of the Americas would like to have information about you to share with other conferences participants and with state and federal agencies concerned with expanding resources for Hispanic persons with handicapping conditions. Please complete the following form if you would like to be included in a resource directory.

NAME _____

JOB TITLE _____

AGENCY OR INSTITUTION _____

BEST MAILING ADDRESS (include only necessary info. here) _____

_____

_____

OFFICE TELEPHONE _____

HOME TELEPHONE _____

Briefly describe your skills and background relevant to work with Hispanic persons with handicapping conditions. (Include prevention, assessment, education, vocational training, etc.)

Briefly list those areas or subjects in which you feel especially qualified to address at conferences or in which you might be available as a consultant to others.

Please list any other persons or resources for Hispanic disabled persons who were not represented at the Partners / Illinois D.V.R. conference.

Use other side of paper if necessary. 137

CONFERENCE PARTICIPANTS

California

Dr. Nora Brusuelas
Affirmative Action Specialist
Lawrence Berkeley Laboratory
University of California
Berkeley, California 94720
(415) 486-6585

Mr. Florentino Castellon
Farm Labor Coordinator
Department of Rehabilitation
Health & Welfare Agency
830 "K" Street Mall, Room 316
Sacramento, California 95814
(916) 445-9347

Mr. Raymond Garcia
Chairman of the Board
Barrio Industries
3951 East Medford Street
Los Angeles, California 90063
(213) 232-0092, 269-0751

Ms. Eleanor Nelson
Special Education Consultant for
Speech and Language
Education Building, Room 638
721 Capitol Mall
Sacramento, California 95814
(916) 145-3561

Dr. Joseph P. Rice
Associate Director
California Mini-Corps
1919 21st Street, Room 206
Sacramento, California 95814
(916) 452-9022

Texas

Mr. Lucian Adams
Veterans Benefits Counselor
Veteran's Administration
307 Dwyer Avenue
San Antonio, Texas 78285
(512) 229-6948

Texas (cont'd)

Mr. Eloy Castillo
Counseling Psychologist
Veterans' Services C & R Section
V.A. Outpatient Clinic
5919 Brookhollow
El Paso, Texas 79925
(915) 543-7680

Mr. Carlos Gutierrez
Release of Information Clerk
V.A. Outpatient Clinic
5919 Brookhollow
El Paso, Texas 79925
(915) 543-7569

Mr. Carlos Gutierrez
Supervisor
Texas Rehabilitation Commission
805 Houston Street
Laredo, Texas 78040
(512) 722-0701

Dr. Arthur Linskey
Department of Special Education
Pan American University
Edinburg, Texas 78539
(512) 381-2131

New York

Mr. Edmund Cortez
Regional Associate
N.Y. State Education Department
1940 Commerce Street, Room 209
Yorktown Heights, New York 10589
(914) 962-9881

Dr. Alan Lerman
Project Director
LISTO
Lexington School for the Deaf
75th Street & 30th Avenue
Jackson Heights, New York 11370
(212) 899-8800

New York (cont'd)

Mr. Miguel Munoz
Rehabilitation Counselor
Vocational Rehabilitation Center
State Education Department (OVR)
2075 St. Raymond Avenue, #7A
New York, New York 10462
(212) 777-7010

Dr. Basil Y. Scott
Deputy Commissioner for Vocational Rehabilitation
State Education Department
Albany, New York 12230
(518) 473-4595

Florida

Mr. Marcelino Huerto
Executive Director
McDonald Training Center
4304 Boy Scout Boulevard
Tampa, Florida 33607
(813) 870-1300

Illinois

Mr. Mario Aranda
Director
Office of Bilingual Education
188 West Randolph Street
Chicago, Illinois 60601
(312) 793-3850

Dr. Maria Barreda-Hanson
Bilingual Psychologist
Northwestern Illinois Association for the Handicapped
P.O. Box 29
Big Rock, Illinois 60511
(815) 758-0636

Mr. Ralph Church
Rehabilitation Service Administration
Chicago Regional Offices
300 S. Wacker Drive, 31st Fl.
Chicago, Illinois 60606
(312) 886-5360

Illinois (cont'd)

Ms. Ruth Grig, Assistant Director &
Ms. Joanne Monthey, Voc. Educator
Skills, Inc.
1122 5th Avenue
Moline, Illinois 61265
(309) 797-3686

Mr. Charles W. Harper
Vice President
Public Relations
Sears, Roebuck and Co.
Sears Tower, 40th Fl.
Chicago, Illinois 60684
(312) 875-9723

Mr. Russell Huff
Public Relations Director
Sears International Operation
Sears Tower, 45-4
Chicago, Illinois 60684
(312) 875-9723

Mr. James S. Jeffers
Director
Division of Vocational Rehabilitation
623 East Adams Street
P.O. Box 1587
Springfield, Illinois 62706
(217) 782-2093, (312) 793-2920

Mr. Gerardo Jimenez
Migrant Project Coordinator
Division of Vocational Rehabilitation
3809 East State Street, Suite 9
Rockford, Illinois 61108
(815) 987-7430

Ms. Ellen E. Korb
Counselor I
Illinois Division of Vocational Rehabilitation
512 Kent Street
Rockford, Illinois 61102
(815) 987-7481

Illinois (cont'd)

Dr. Louis Nau
Deputy Director
Division of Vocational Rehabilitation
623 East Adams Street
P.O. Box 1587
Springfield, Illinois 62706

Dr. Guadalupe Reyes, Jr.
Assistant Dean
Continuing Education and Community Services
Blackhawk College
Moline, Illinois 61265
(309) 796-1311

Dr. Rafaela Weffer
Director
Bilingual Programs
DePaul University
1920 North Clark, #3B
Chicago, Illinois 60614
(312) 751-0265, 321-8390

Mr. Milo Vanek
President
Illinois-Sao Paulo Partners
332 So. Michigan Avenue
Chicago, Illinois 60604
(312) 427-4000

Mr. Hiram Zayas
Coordinator for Unique Populations
Illinois Division of Vocational Rehabilitation
160 North LaSalle Street
Chicago, Illinois 60601
(312) 793-2925, 793-5003

Ms. Jeanette Campa, Counselor Aid
Ms. Mary Luna, Secretary
Migrant Project
Division of Vocational Rehabilitation
3809 East State Street, Suite 9
Rockford, Illinois 61108
(815) 987-7430

New Mexico

Dr. Maurilio M. Castro
Chief of Field Services
Division of Vocational Rehabilitation
P.O. Box 1830
Santa Fe, New Mexico 89503
(505) 827-2266

Dr. Edgar Waybright
Chief Psychiatric Consultant
N.M. Division of Vocational Rehabilitation
Psychological Services Unit
122 La Veta Drive, N.E.
Albuquerque, New Mexico 87108
(505) 842-3305

Arizona

Mr. Anibal Mejia
Executive Director
Southeastern Arizona Behavioral Health Services
750 Grand Avenue
Nogales, Arizona 85621
(602) 287-9189

Dr. Robert Rapp
Director
Santa Cruz Mental Retardation Program
Nogales, Arizona 85721
(602) 626-4413

Mr. Andres Renteria
Program Manager
District Administrators Office
100 East Alemeda, Suite 411
Tucson, Arizona 85701
(602) 882-6035

Mr. Ronald Sanchez
B.S.W.
5527 E. Encinas Street
Guadalupe, Arizona 85283
(602) 838-7314

Colorado

Ms. Judy Spolum
National Rehabilitation Association
Board Member
Colorado Regional/Cancer Center
935 Colorado Boulevard, Suite B-126
Denver, Colorado 80262
(303) 320-5921

Mr. Art Zamora
V.R. Training Specialist
HEW/OHOS/ORS; Region VIII
1921 Stout Street
Denver, Colorado 80294
(303) 837-2135

Michigan

Dr. John Braccio
Supervisor
Compliance and Approval Program
State Department of Special Education
P.O. Box 30008
Lansing, Michigan 48909
(517) 373-1695

Mr. Owen Dailey
Research Assistant
University Centers for International
Rehabilitation
Michigan State University
D-204 West Fee Hall
Lansing, Michigan 48824
(517) 355-1824

Mrs. Delia V. Vorhauer
504 Coordinator
Michigan Department of Education
3718 Pino Drive
Lansing, Michigan 48096
(517) 323-2000

Dr. Frank Wawrzaszek
Department of Special Education
Eastern Michigan University
Ypsilanti, Michigan 48197
(313) 487-0028

Puerto Rico

Sr. Luis Bonilla
Secretario Auxiliar
Rehabilitation Vocational
Division de Rehabilitacion Vocacional
Departamento de Servicios Sociales
Apartado 118
Hato Rey, Puerto Rico 00919
(809) 725-1792

Mr. David Cruz
Director
Governor's Office of the Handicapped
La Fortaleza
Old San Juan, Puerto Rico 09936
(809) 724-2100, Ext. 298 or 299

Mr. Camilo Gutierrez
Acting State Coordinator
Vocational Rehabilitation Program
P.O. Box 1118
Hato Rey, Puerto Rico 00910
(809) 725-1792

Ms. Maria Machargo
Assistant Vice-President of Personnel
Banco Popular de Puerto Rico
P.O. Box 2708, G.P.O.
San Juan, Puerto Rico 09936
(809) 751-5160

Mr. Pedro Manzano
Director
Rehabilitation International/USA-
Puerto Rico
P.O. Box 8200
Fernandez Joncos Station
Santurce, Puerto Rico 00910

Mr. Edward Stiehl
Rehabilitation Counselor
Rehabilitation Counseling
Veteran's Administration
P.O. Box 4867
San Juan, Puerto Rico 00936
(809) 753-4492

Other Invited Participants

Ms. Catherine Bridges
Assistant Director
Partners Rehabilitation Education Program
Partners of the Americas
2001 "S" Street, N.W.
Washington, D.C. 20009
(202) 332-7332

Mr. Ricardo Diaz
Spanish Coordinator
Jewish Vocational Services
1339 North Milwaukee
Milwaukee, Wisconsin 53204
(414) 272-1344

Mr. Gregory L. Dixon
Director
Partners Rehabilitation Education Program
Partners of the Americas
2001 "S" Street, N.W.
Washington, D.C. 20009
(202) 332-7332

Ms. Ligia Freire
Director
Multi-lingual Center
Association for Hispanic Handicapped
374 Grand Street
Paterson, New Jersey 07505
(201) 742-7500

Ms. Elisa Hernandez &
Ms. Maria Stroud
Division of Vocational Rehabilitation
313 West Wilson Street
Madison, Wisconsin 53703
(608) 266-1998

Dr. Luis Guillermo Ibarra
Director General de Rehabilitacion
Secretaria de Salubridad y Asistencia
Lieja 8-10 Pisos
Mexico 6, D.F. Mexico
(905) 553-7636

Dr. Graciela Olivarez
Senior Consultant
United Way
3908 Parsifal N.E.
Albuquerque, New Mexico 87111

Mr. Ellis Reida
Executive Director
Rehabilitation International/USA
20 West 40th Street
New York, New York 10018
(212) 869-0164

Mr. Alan A. Rubin
President
Partners of the Americas
2001 "S" Street, N.W.
Washington, D.C. 20009
(202) 332-7332

Mr. Antonio Suazo
Regional Director
President's Committee on Employment of the Handicapped
1111 20th Street, N.W., Room 614
Washington, D.C. 20036
(202) 653-5079

Ms. Sylvia E. Vela
Planner
Office of Planning, Research, and Evaluation
HDS/HEW
Room 3733 North
330 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 472-7216